

VU Research Portal

Emergency Response to Meet Immediate MHCP and Livelihood Needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq

Abdulazeez, Nazar Jamil

2017

[Link to publication in VU Research Portal](#)

citation for published version (APA)

Abdulazeez, N. J. (2017). *Emergency Response to Meet Immediate MHCP and Livelihood Needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq*. UNOCHA services (United Nations Office for the Coordination of Humanitarian Affairs).

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

E-mail address:

vuresearchportal.ub@vu.nl

INDEPENDENT EVALUATION

JULY 2017

Emergency Response to meet immediate MHCP and Livelihood needs of Internal Displaced Persons (IDPs) and Host Communities affected by the On-going Conflict in Iraq, 2016



Funded by
**GLOBAL
AFFAIRS
CANADA**

By Nazar Jamil Abdula-

Intervention Name	Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq, 2016
Contract Number	IQ-F2E
Partners (if applicable)	Nil
Location (country/ies, region/s)	Iraq - Diyala Governorate
Duration	12 months
Starting Date	13/11/2015 revised 13/07/2016
Ending Date	31- 05-2017
Intervention/ Country Office Language	Iraq English
Donor and Contribution/s	Global Affairs Canada
Country Office administering the Intervention	Iraq
Responsible Action Against Hunger HQ	Action Against Hunger - Canada
Evaluation Type	End of Project Evaluation
Evaluation Dates	May 21st and June 30th 2017

Table of Contents

ACKNOWLEDGEMENT	2
List of Acronyms.....	2
List of Tables	2
List of Figures	3
1. Executive Summary.....	4
2. Background Information	6
3. Evaluation Background	8
4. Methodology.....	8
5. Evaluation Findings	11
5.1. Relevance	12
5.2. Efficiency	15
5.3. Effectiveness	16
5.4. Likelihood of Impact.....	19
6. Conclusions	23
7. Lessons Learnt and Good Practices.....	24
8. Recommendations	25
Annexe I: Evaluation Criteria Rating Table.....	26
Annexe II: Good practice.....	28
Annexe III: List of persons interviewed.....	30
Annexe IV: Household Survey Questioner	33
Annexe V: Key Informants Interview Questioner	36
Annexe VI: Focus Group Discussions' Questioner	37
Annexe VII: Evaluation Terms of Reference.....	39

AKNOWLEDGEMENT

This work is dedicated to the staff of ACTION AGAINST HUNGER who have been working in order to support and assist people affected by the crisis in Iraq. Thanks and appreciation for all surveyors and ACF staff for their advice, guidance and facilitation of this process. Also, especial thanks for all interviewees who dedicated their time in this process and who graciously reflected back on the project and shared their thoughts and feelings about their experiences in the project.

List of Acronyms

ACF	Action Contre la Faim / Action Against Hunger
CAD	Canadian Dollar
CSO	Civil Society Organization
FGD	focus Group Discussions
FSL	Food Security and Livelihood
HC	Host Communities
HH	Household
IKR	Iraqi Kurdistan Region
KII	Key Informant Interviews
IDP	Internally Displaced People
M&E	Monitoring and Evaluation
MHCP	Mental Health and Care Practices
MHPSS	Mental Health and Psycho Social Support
PDM	Post Distribution Monitoring
PSS	Psycho Social Support

List of Tables

Table 1- Geographical Distribution of Interviewees

Table 2- Type of service provided ACF

Table 6- ACF Project Beneficiaries

List of Figures

Figure 1- Evaluation Target Group

Figure 2- Status of interviewees

Figure 3- Geographical Distribution of Interviewees

Figure 4- Job Status of HH Interviewees

Figure 5- Are there any people suffering from mental health or psychosocial traumatic stress in your area?

Figure 6- Did ACF address one of these needs/which one(s)?

Figure 7- Assessment of ACF Service in MHCP

Figure 8- Assessment of ACF Service in Livelihood

Figure 9- Was the distribution on identified time?

Figure 10- Was it safe?

Figure 11- Was the money distributed in respectful manner

Figure 12- Did you spend money to reach to distribution point

Figure 13- Did you have complain

Figure 14 - Time consumption to reach to distribution point

Figure 15- Who recommended you

Figure 16- Psychological Support Service

Figure 17 - was the money enough for your basic expenditure

Figure 18 - Avg. Net Profit of IGA Activities

Figure 19- My concerns that brought me to the ACF project have improved as a result of the services provided

Figure 20- Coming to the ACF project has led to positive changes in my life?

Figure 21- I learned to think more clearly/accurately to reduce distressing emotions or behaviours

Figure 22- Improved my health and wellbeing

Figure 23 - Strengthened one or more self-management skills (example: managing stress).

Figure 24- improved my relationship with family members and/or other people

1. Executive Summary

In October 2016, number of IDPs from Diyala governorate was more than half a million. The IDPs have been facing distress due to lack of resources, poor living conditions, uncertainties about the future, feeling of insecurity and exposure to violence which created distress, persistent flashbacks, sleep disturbances, anxiety, nightmares and violent behaviors. At the same time, IDPs compete with host community who were also negatively affected by the current economic crisis in IKR and the breakdown of national welfare structures. Among those IDPs and host community (HC) members are vulnerable families without income sources and are in urgent need of protection mechanisms from abuse and exploitation.

The main objective of the “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the Ongoing Conflict in Iraq, 2016” project goal, was to reduce vulnerability of crisis-affected people, especially women and children in Diyala governorate. Action Against Hunger (ACF) envisioned lives saved, suffering alleviated and human dignity maintained for Internally Displaced Persons (IDP) s and host communities in Diyala Governorate (Iraq). From 1st January 2016 until 30th June 2017, ACF sought people in situations of psychological and psychosocial distress within displaced populations and host communities developed resilience and positive coping mechanisms and extremely vulnerable households have sufficient financial resources to satisfy their critical needs, particularly in terms of access to food, accommodation, and health. In order to attain those objectives, ACF proposed six outputs which were: 1) Affected population provided with appropriate psychological and psychosocial support, 2) health staff capacities are reinforced on identification and referral of population with mental health needs, 3) rapid market and a household assessments were conducted, 4) establishment of the local committees, identification and registration of the beneficiaries with the support of the committees, 5) carry out Monthly Distribution of Multi-Month Cash disbursements and track transfers and 6) launch of a feedback mechanism and other monitoring tools such as the Post Distribution Monitoring (PDM).

The objective of this end of project evaluation was to assess efficiency, effectiveness, relevance and likelihood of impact of ACF’s project in Diyala governorate. Also, the assignment aimed at developing a set of recommendations for the concerned project stakeholders based on lessons learned and good practices. Over 25 working days from 21st May until 30th June 2017, a descriptive statistical analysis was carried out using mix method approach (qualitative and quantitative) to find answers to the evaluation questions. Primary data collection was carried out maintaining a confidence level of 95% and 5% margin of error for the evaluation target group comprising of 346 respondents for quantitative survey and 46 respondents for qualitative survey. The project documents were also analysed in terms of timeframe, implementation delivery and design of the Program. Furthermore, secondary sources were also studied to triangulate the findings and do comparative analysis besides household survey, which was mostly quantitative in nature.

Based on the end of evaluation findings, MHCP and livelihood were highly relevant interventions to meet the needs and priorities of both IDPs and Host Community (HC) members. Needs assessments correctly guided ACF intervention in terms of Multi-cash distribution and income generation activities by meeting vulnerable people who were without sufficient income sources. Also, the project addressed GAP needs Mental Health Care Practises (MHCP) – Food Security and Livelihood (FSL) described in the initial assessment.

ACF through project showed that much can be done with little. The evaluation revealed that ACF was efficient and effective in reaching more people than planned in the project proposal to reach 133.5%. ACF however could have optimized on the use of health facilities for its activities. Despite the fact the health facilities were not used efficiently for individual Psycho Social Support (PSS), ACF demonstrated flexibility in this approach by reaching out to beneficiaries at home. Still, health facilities remain important spaces for visibility and group session. Monitoring mechanisms enabled ACF to enhance its performance and create opportunities for feedback from targeted population through hotline and post monitoring distribution tools. Finally ACF utilized resources within the parameters of the project and converted outputs to outcomes. Although ACF trained 18 health facility staff, ACF couldn't utilize those spaces effectively. Also, in MHCP coordination with other mental health service providers was not utilized effectively for case referrals. However, this coordination was effectively used in avoiding duplication of services and identifying gaps.

During course of operations, ACF respected the work plan proposed to the donor. The organization effectively identified vulnerable groups using objective criteria and provided its services in a safe environment, in a respectful manner, on-time, within minimum walking distance to beneficiaries and minimum complaints. However, 39% of beneficiaries claimed that they spent money to reach to the distribution point. The evaluation found that 23 income generation activities supported were done in an organized and effective manner and contributed to sustainable livelihood income generation.

Furthermore, the majority of MHCP interviewees agreed that ACF service led to positive change in their lives and enabled them to reduce distress, improve their health and wellbeing and improve their relationship with family members. However, ACF needs to think about alternative space for group sessions and more topics in order to be able to strengthen self-management skills of targeted beneficiaries. Therefore, achieved Output-Outcomes of the project were according to the revised version of the proposal in terms of proposed activities, proposed number and type of targeted beneficiaries and geographical coverage.

Many good practises were adopted by ACF staff which were successful and appropriate in the context of Diyala and could use in similar initiatives. Inclusion of both IDPs and host community members enhanced social cohesion and backed up ACF reputation among those communities. Even though awareness sessions on food diversity and malnutrition during cash distribution were not included in the project design, they enabled the target populations to use their resources more wisely, since these topics affected the project implementation in a cross-cutting manner. As part of Monitoring and Evaluation (M&E), family visits and allocation of hotline were highly beneficial for feedback mechanisms and provision of support for proposed targeted population in the project design.

As the evaluation process found out, the health centre was a useful space for raising awareness and carrying out group sessions, as long as this is done as a one-off Psycho-Social Support (PSS) session. Therefore, ACF needs to explore educational facilities and Parent-Teacher meetings are possible structure to be utilized in future programming for MHCP activities. Also, look at the social connection map of the families, especially when there are more than one family within the same house needs to be considered. Furthermore, using electronic- money transfer (Key- Card) will reduce cost of transportation and it is more secure in cash distribution. And finally, cash distribution designed in emergency response program and ACF needs to focus on other food security and livelihood activities in the future programming.

2. Background Information

In the “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the Ongoing Conflict in Iraq, 2016” project, Action Against Hunger (ACF) envisioned lives saved, suffering alleviated and human dignity maintained for Internally Displaced Persons (IDPs) and host communities in Diyala Governorate (Iraq). From 1st January 2016 until 30th June 2017, ACF sought people in situations of psychological and psychosocial distress within displaced populations and host communities developed resilience and positive coping mechanisms and extremely vulnerable households have sufficient financial resources to satisfy their critical needs, particularly in terms of access to food, accommodation, and health. In order to those objectives, ACF proposed six outputs which were: 1) Affected population provided with appropriate psychological and psychosocial support, 2) Health Staff capacities are reinforced on identification and referral of population with mental health needs, 3) rapid market and a household assessments were conducted, 4) establishment of the local committees, identification and registration of the beneficiaries with the support of the committees, 5) carry out Monthly Distribution of Multi-Month Cash disbursements and track transfers and 6) launch of a feedback mechanism and other monitoring tools such as the Post Distribution Monitoring (PDM).

During the project design period back in November 2015, Iraq saw massive displacement and humanitarian crisis due to outbreak of armed conflict among ISIS and various Iraqi armed groups. ISIS occupation of seven governorates resulted in more than 3 million internally displaced persons (IDPs) across Iraq and left more than 11 million in need of humanitarian assistance¹. This ongoing IDP crisis, the economic crisis in Iraqi Kurdistan Region (IKR) and refugees from Syria have created a serious humanitarian emergency which continues to limit the capacity of the Kurdistan Regional Government (KRG), the Iraqi central government, the United Nations, and the host communities to meet even the basic needs of the populations in need.

The geographical intervention of ACF was in Diyala governorate and southern part of Sulaymania governorate, an area named Garmian. By October 2016, the number of IDPs from Diyala governorate reached 594,000 people². By June 2017, the number of IDP families in Garmain area has reached 8,232 families which equates to 41,160 persons (3,396 IDP families in Kalar, 658 IDP families in Darbandikhan and 4,178 IDP families in Khanqin)³.

IDPs are living in critical circumstances, as 62% are living with less than the Survival Minimum Expenditure Basket (SMEB) and hence families debts (42% of IDPs)⁴. The IDPs do not have regular access to sustainable income and at the same time compete with host community, which is also negatively affected by the current economic crisis in IKR and the breakdown of national welfare structures. According to the latest Oxfam livelihoods study on unemployment in Diyala town and surrounding areas, around 70% or most of the people who are currently employed are government workers who have not been paid salaries by government for over one year⁵ or have been paid less than 50% of their salaries. Purchasing power within the district was reported as being low/poor due to lack of cash. Current coping strategies by residents, and likely future

¹ <http://www.unocha.org/iraq> last accessed on [22nd June 2017]

² <http://iraqdtm.iom.int/> last accessed on [22nd June 2017]

³ <http://iraqdtm.iom.int/IDPsML.aspx> last accessed on [22nd June 2017]

⁴ REACH MCNA III, April 2016

⁵ Oxfam and Women Refugee Commission-CLARA-Designing safer livelihoods in Iraq, July 2015, available online.

coping strategies as the situation worsens, include selling productive assets (tools, machines, livestock) and non-productive assets (radios, TVs, personal belongings) and reducing food consumption. Communities hosting IDP families are reportedly living in partially damaged houses.⁶

Among those IDPs and host community (HC) members are Female-Headed Household, single women, families without income sources and those who have long-term health problems and disabilities that requires especial health care. Those are in urgent need of protection mechanisms from abuse and exploitation. UNICEF outlined that many IDP camps in Iraq are overcrowded, functioning beyond their capacity and children are at high risk of “separation from their families, abduction, recruitment into fighting, and sexual violence” that threaten their long-term mental health and future development⁷. Also, women traders are exposed to higher risks of sexual harassment without their pre-existing social networks⁸.

In these conditions, the IDPs have been facing distress due to lack of resources (economic, food and services), poor living conditions, uncertainties about the future, feeling of insecurity and exposure to violence which created distress, persistent flashbacks, sleep disturbances, anxiety, nightmares, violent behaviors and suicidal thoughts which are reactions in the immediate aftermath of abnormal events and extreme stress.

In response to both economic and psychological needs of IDPs and HC members in Diyala governorate, “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the Ongoing Conflict in Iraq, 2016” project was designed and implemented by Action Against Hunger organization within a 12 month timeframe from June 1st 2016 to May 31st 2017 with funding from **DFATD-IHA** 2,000,000 Canadian Dollar (CAD). DFATD “is the Government of Canada's operational lead for providing international humanitarian assistance in response to complex and sudden onset humanitarian situations”⁹.

ACF deployed sixteen project field-based staff which comprised of two teams: first, MHPSS team which constituted two Heads of Project, five Psychologists and two psychosocial workers. The second team was dedicated for livelihood activities which were supported by one international program manager and one assistant, three community mobilizers/data collectors, one data analyst and one hotline technician. ACF also employed seven additional staff for the specific period of distribution (five) and preliminary market and households assessments (two).

Over the course of project implementation, total number of beneficiaries assisted by ACF were 7,637 (3,437 MHCP and 4,200 Livelihood), which was 133.5% of planned number of beneficiaries. During a 12-month period, ACF established 12 local committees, conducted six household needs assessments and market assessment, trained 18 staff of medical health center on identifying persons in need of psychosocial/psychological support, provided food diversity awareness sessions in multi-cash distribution activities and launched a feedback mechanism for livelihood interventions. A Post Distribution Monitoring (PDM) was also conducted for the cash assistance.

⁶ ACF Report of Food Security and Livelihood Survey in Garman Province, February 2016

⁷ https://www.unicef.org/infobycountry/iraq_74784.html , last accessed on [22nd June 2017]

⁸ Oxfam and Women Refugee Commission-CLARA-Designing safer livelihoods in Iraq, July 2015, available online

⁹ http://international.gc.ca/world-monde/issues_development-enjeux_developpement/response_conflict-reponse_conflits/guidelines-lignes_directrices.aspx?lang=eng#s14 last accessed on [22nd June 2017]

Finally, ACF responded according to the needs of the people and contributed to sustainable livelihood income through funding and supporting twenty six income generation projects.

3. Evaluation Background

The End of Project evaluation objective was to assess efficiency, effectiveness, relevance, sustainability and impact of ACF's project in Diyala governorate. The project aimed at developing a set of recommendations for the concerned project stakeholders based on lessons learned and good practices. The evaluation was conducted in last 25 working days of the project from 21st May until 30th June 2017. The specific objectives of project evaluation were to:

1. Establish the relevance of the project design and identify linkages with the MHPSS and FSL interventions within the same intervention,
2. Determine the implementation efficiency of the project, bringing an objective assessment of what has worked and areas for improvement, and revisiting the main challenges,
3. Assess the extent to which the project has effectively achieved its stated objectives,
4. Identify the supporting factors and constraints that have led to this achievement or lack of achievement,
5. Analyse the impact of the intervention on the IDPs using an integrated approach MHCP – FSL,
6. Identify lessons learnt and potential good practices,
7. Provide recommendations for project stakeholders to promote sustainability and support the continuation of integrated approach (if pertinent), expansion or scaling up of MHCP – FSL approach that were proposed by the project in the targeted area and inform the design of future stages of ACF.

The scope of this assignment was to analyse the impact (using mix-method approach) of the proposed MHCP/PSS – FSL using integrated approach with the selected targeted beneficiaries in order to answer questions stated in the ToR that can be found in Annex VII.

The Evaluation process looked at the results of the program in comparison to the project objectives, outcomes, and outputs based on the proposed timeline. Also, it assessed the relevance of the programme based on the needs and priorities of targeted beneficiaries and project stockholders. The evaluation further looked at the effectiveness and impact of project in terms of MHCP and Livelihood for both IDPs and HC members. Furthermore, the evaluation process searched for identifying lesson learned and best practices.

4. Methodology

A descriptive statistical analysis was carried out using Mix method approach (qualitative and quantitative) to find answers to the evaluation questions. Primary data collection was carried out maintaining a confidence level of 95% and 5% margin of error for the evaluation target group comprising of 346 respondents for quantitative survey and 46 respondents for qualitative survey. The project documents were also analysed in terms of timeframe, implementation delivery and design of the Program. Using project outcome and output indicators which were pre-determined in the project design, the evaluation report assessed the provision of inputs and processes in place to reach the intended outputs and outcomes. Furthermore, some of the secondary sources were also studied to triangulate the findings and do comparative analysis. Besides, household survey,

which was mostly quantitative in nature, the qualitative data represented the beneficiaries' opinions, experiences and feelings about the project. There were three tools adopted for quantitative analysis which were Individual household survey questionnaire, Focus Group Discussion and Key Informant Interview questionnaire. The focus group discussion and key information interviews were The evaluation process ensured reliability and validity of information gathered using different approaches in obtaining information through a survey, Key Informant Interviews and focus group discussions using semi-structured questionnaires.

The sample size for the evaluation process was determined based on total target of beneficiaries in the project proposal (5,719 people). The project proposed supporting 3,219 beneficiaries and was targeted for the MHCP activities; and 2,500 beneficiaries were targeted through livelihood activities. The sampling of data collection took into consideration two factors which were geographical area and type of intervention in terms of MHCP and livelihood.

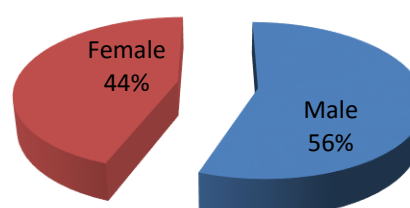
Total number of people proposed in this evaluation process was 392. This is in order to maintain a confidence level of 95% and 5% margin of error for the evaluation target group, random cluster selection was utilized to reach 346 respondents for quantitative survey and 46 respondents for qualitative survey. A random selection of interviewees was drawn from the list of beneficiaries in both MHCP and Livelihood activities. Consequently, those lists served as guide for geographical distribution of the evaluation interviewees.

The household survey was carried out using both hard copy and Kobo tool box. The hard copy was used only when there was lack of internet. In all cases after collecting the data (hard copy version), all has to be uploaded by the surveyors in to the kobo tool box data base.

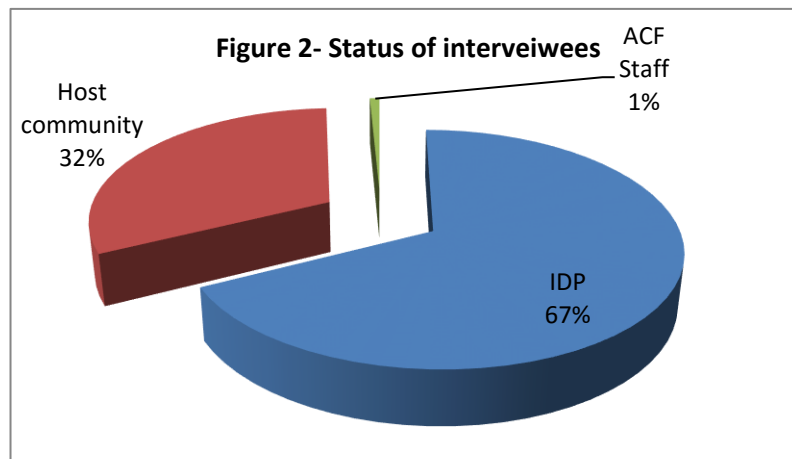
Total number of people reached in this evaluation process was 392 people classified as 12 Key Informant Interviews, 346 Household Survey, and 34 people from FGDs. Also, figure 1 shows that 44% of the targeted population were female and 56% were male.

In-depth, face-to-face KII conducted with stakeholders who were directly and indirectly involved in the project including community leaders, civil society activities CSOs and community councilors (Muktar). Also, FGDs were conducted with beneficiaries including IDPs and HH members using open-ended discussion questions. Household surveys were administered with male and female IDPs and HH beneficiaries that have received MHCP services and livelihood support.

Figure 1- Evaluation Target Group



Also, figure 2- shows that 67% of evaluation interviewees were IDPs, 32% were HC members and 1% represented ACF staff international and local staff.



Geographical distribution of targeted interviewees during the end of project evaluation process are illustrated in Figure 3 and table 3 below, which shows that there is almost similar percentage of beneficiaries targeted in the evaluation process. Most importantly, those areas are same geographical operation of ACF's project. However, during data collection 18% of those interviewees were located in villages near selected areas and three of ACF staff were based in Erbil and abroad.

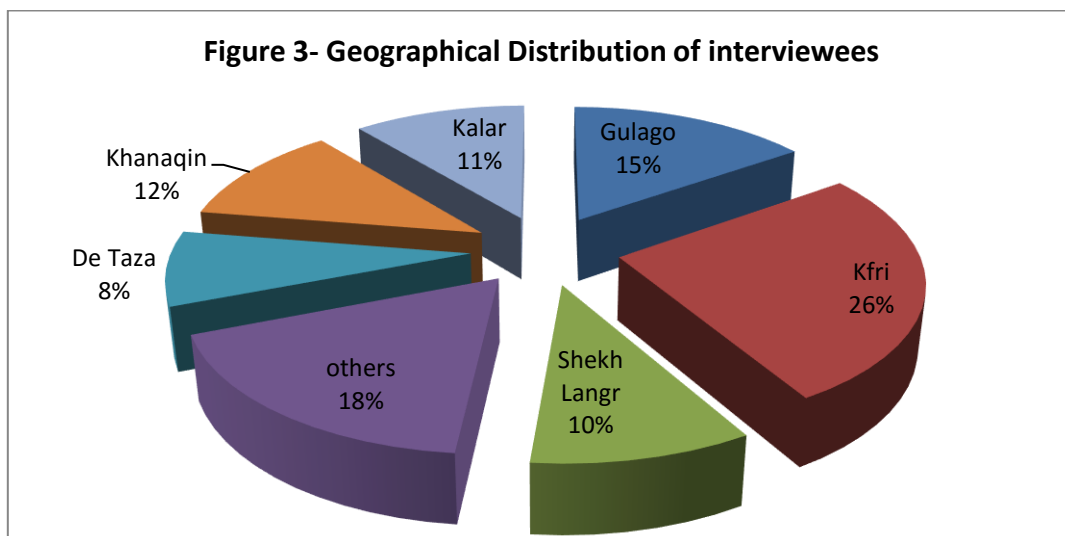


Table 1- Geographical Distribution of Interviewees

Gulago	Kfri	Shekh Langr	De Taza	Khanaqin	Kalar	others	Total
60	103	39	33	45	43	69	392

During the End of project evaluation process, there were several challenges and limitations:

- Bad security in Diyala limited accessing targeted beneficiaries precisely in an area named Ali Khalaf. Accordingly, surveyors approached beneficiaries in second random sample list which was prepared in advance in parallel with the first random sample list.
- Return of IDPs to the place of their origin limited number of beneficiaries which was proposed to be targeted in the evaluation.

- Fasting during Ramadan limited number of working hours by one hour, as the end of working day reduced from 4:00 PM to 3:00PM
- ACF office closure by 31st of May 2017 created a pressure on the consultant and ACF M&E to finalize evaluation tools earlier.

The selected beneficiaries were called up by surveyors, who introduced themselves explaining who they are, who they work for and the purpose of the evaluation. The HH survey carried out using Kobo tool box. The FGDs were generally documented after receiving the permissions from all participants. During data collection, participants were encouraged to share their individual and collective understandings, opinions and experiences of the services they have received.

Data Analysis process began with the analysis of the contextual data through a review of available project documents including (on-line publications, ACF's progress reports, M&E reports, rapid market and a household assessments reports, project proposal documents). Then, collected data transcribed, coded and organized by evaluation criteria and core evaluation questions. To verify the findings, a triangulation process was followed by comparing the findings from different sources of data collection tools. The findings were later on presented to ACF for the purpose of learning and debriefing. The final step was drawing up conclusions and providing key recommendations for ACF for future programming in the fields MHCP and livelihood intervention. In the analysis, all conclusions were based on findings confirmed by multiple sources.

5. Evaluation Findings

Based on the Evaluation TOR, evaluation findings in this section outlined to focus on relevance, efficiency, effectiveness, sustainability and likelihood of impact, with a bit of additional information on design, coverage and coherence. This evaluation criteria was observed in all the questionnaire.

The main objective of the "Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the Ongoing Conflict in Iraq, 2016" project, was to reduce vulnerability of crisis-affected people, especially women and children in Diyala governorate. In order to achieve the project aims, ACF proposed developing resilience and positive coping mechanisms for psychological and psychosocial distress within IDPs and HC members and planned for Multi-Month Cash distribution activity for extremely vulnerable households to satisfy their critical needs, particularly in terms of access to food, accommodation, and health.

The project was directly implemented by ACF in Garmian area (North of Diyala and southern part of Sulaymania governorates) over a 12-month time period. Over the course of program implementation, ACF deployed sixteen project based staff which were included one international program manager, one Assistant program manager, two Heads of Project, five Psychologists, two Psychosocial workers, three community mobilizers/data collectors, one data analyst and one hotline technician. Also, ACF employed additional seven staff for the specific period of the distribution (five) and preliminary market and households assessments (two).

Over the course of the project implementation, ACF achievements were:

- Total number of realized beneficiaries was 7,637 (3,437 MHCP and 4,200 Livelihood), which exceeds the target by 133.5%. That is more beneficiaries reached than expected.

- Coordination with government stakeholders in Kalar, Rzgari, Khanqin and Kfri including mayor office staff of hospitals and community leaders (Mukhtar) for the purpose of visibility, identification of vulnerable groups and identifying needs.
- Coordination with CSOs including International and national stakeholders such as OXFAM, ACTED, Save the Children, Handicap international and CDO organizations.
- Attended sub-cluster meetings for Mental health and livelihood in Kalar and Sulaymania cities.

The project achievements in MHCP intervention were:

- Out of 800 planned numbers of beneficiaries, ACF provided 3204 individual PSS sessions for 777 cases, among them 418 individual cases reported improvement of their wellbeing which represents 56% of total individual cases.
- ACF delivered 535 group PSS sessions for 2642 beneficiaries which were more than planned number of beneficiaries by 242 people. 110%.
- Out of four trainings, ACF provided one training for health staff facility targeting 18 staff of medical health center in Kalar on identifying persons in need of psychosocial/psychological support and psychological first aid.

Also the project achievement in Livelihood intervention

- Conducted six household needs assessments and a market assessment instead of four planned assessment in the proposal.
- During a 12-month time period, ACF established 12 local committees
- 446 vulnerable Households received 3-months transfer which was more than planned target group by 46 beneficiaries. 111% of planned number of beneficiaries (400).
- Provided food diversity awareness sessions in three rounds of Multi-Cash distribution activities, which was additional ACF activity.
- ACF contributed to sustainable livelihood income through funding and supporting twenty six income generation projects as additional activity in the project.
- Launched a feedback mechanism (the Post Distribution Monitoring (PDM) and hotline service) as planned in the project design

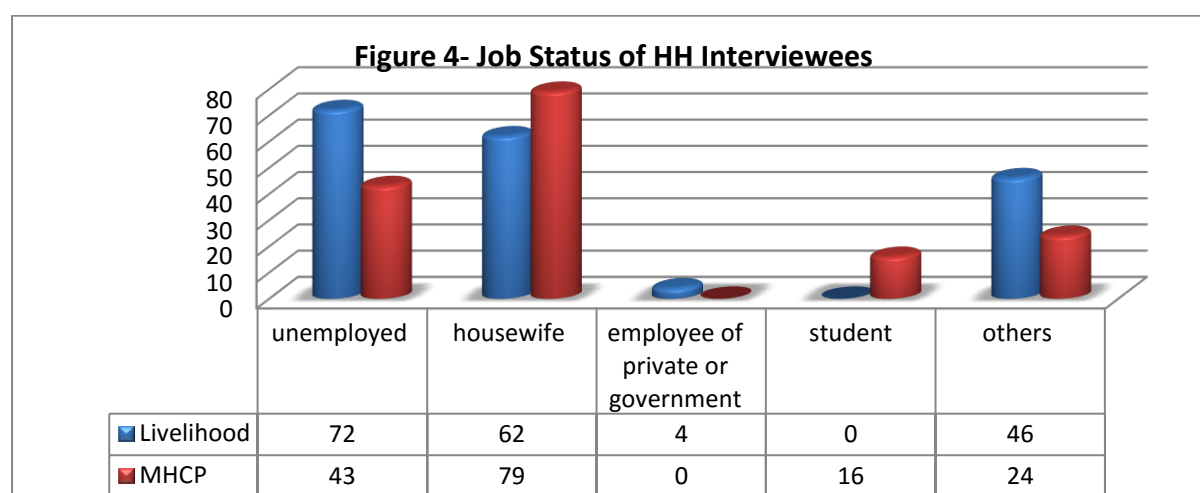
The end of project evaluation was carried out in 25 working days from 21st May until 30th June 201. Based on a Term of Reference (ToR), the following sections demonstrate findings from data of primary and secondary collection tools.

5.1. Relevance

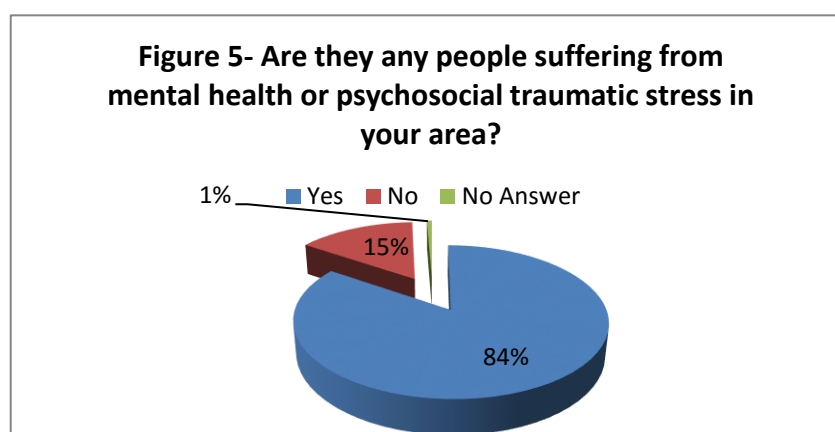
The first question of the evaluation ToR was to establish relevance of the project design and identify linkages of the MHPSS and FSL interventions within the same intervention. Accordingly, the evaluation process worked on assessing the priority needs of both MHCP and FSL activities for IDPs and HC members. As a result, there was a common agreement among HH survey interviewees, KII and participants of FGDs that both FSL and MHCP interventions of ACF was relevant and met the priority needs of both communities. The main argument is that ACF was able to realize the changes of the needs for the targeted population which occurred because of over one year gap between date of application and starting date of operation. Needs assessment and rapid market survey served as guidance for ACF to revise their proposal. Also, coordination with

the other national and international service providers enabled ACF to define the type of needs and gaps in response.

Also, in order to search for relevance of both interventions, the evaluation process looked at the MHCP intervention and livelihood activities separately. Consequently, for the livelihood intervention, the evaluation process looked at the income sources of the targeted beneficiaries. As an outcome, figure 4 shows that out of 184 beneficiaries, only 4 (2.2%) of them have income sources (government retirement), 62 (33.6%) are housewife without income, 72 (39.2%) are unemployed and searching for jobs and 46 (25%) are daily workers. It is clear that 134 of livelihood sample which represents 72.8% of targeted beneficiaries are totally dependent on humanitarian assistance as the FGD outlined the fact that majority of targeted groups are unemployed or do not have sources of income and ACF cash assistant was their main income.



Similarly to livelihood sector assessment, the evaluation process looked at the MHCP sector in order to understand the size and type of psychological and psychosocial difficulties that persist among targeted community. Figure 5- and table 4 below shows that 84% of HH survey stated that they know other people in the area having mental health or psychological traumatic stress. Whereas, 15% stated that they do not know and 1% of the targeted beneficiaries did not answer the question.

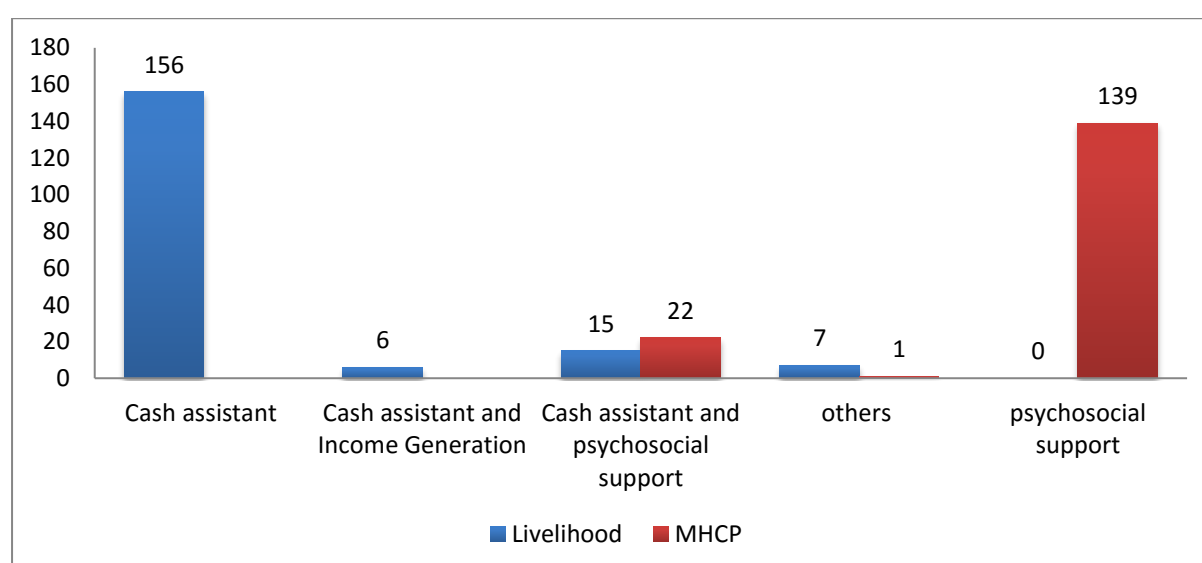


The outcomes of the FGD supports HH survey claims as target beneficiaries stated that there are many people in their area who have psychological and psychosocial problems due to their exposure to violence such as killing of their relatives in front of them, forced displacement, arrest of family members and harassment by armed groups.

Also, from the desk review, the evaluation process found that MHCP was designed to focus on psychological and psychosocial support and coping mechanisms, rather than, Mental Health intervention. However, it was in line with MH sub-cluster standards and procedures.

For the purpose of linking between both MHCP and Livelihood interventions, the evaluation looked at the type of services that they received from ACF. As a result, figure 6 shows that all the interviewees received support from ACF. However, figure 6 shows that beneficiaries of MHCP and livelihood were different groups. Only 37 out of 346 HH survey received both MHCP and Livelihood support from ACF which represents 10.06% in HH interviewees. Also, looking at the FGD and Desk review outcomes, it concludes that geographical area of both MHCP and livelihood are different. However, there was limited MHCP intervention in livelihood geographical area, represented by group sessions and case management.

Figure 6- Did ACF address one of these needs/which one(s)?



Looking at the livelihood sector once more, it is clear that ACF was efficiently targeting most vulnerable groups based on objective criteria. This was clearly noticed during FGD and desk review. Also, KII interviewees supported this argument as they claimed that ACF spent huge efforts in reaching vulnerable families. For example, a list of beneficiaries was given by the local authority to ACF as farmers eligible for cash distribution. ACF staff received the list and conducted home visits to all the names listed in government list and realized that only 2 out of 20 were eligible. Another example of efficiency in reaching out to the right beneficiaries was sharing the list between ACF and other service providers in the livelihood cluster.

Furthermore, monitoring mechanisms and tools were efficient in setting indicators for both MHCP and livelihood that led to more organized progress by the project staff. Also, ACF created feedback mechanisms through hotline service and complain procedures that was able to identify ineligible target beneficiaries in cash distribution and opportunity for people seeking ACF help and assistance.

In conclusion, livelihood interventions in terms of multi-cash distribution and income generation activities as well as MHCP were highly relevant to the needs of the targeted population. This is mainly because the majority agreed that the program was meeting their needs, targeted population were vulnerable without sufficient income sources and have psychological and

psychosocial difficulties. However, the evaluation process found fewer links between MHCP and livelihood in terms of targeted population and geographical intervention.

5.2. Efficiency

Second guiding question of this end of project evaluation was to "Determine the implementation efficiency of the project, bring an objective assessment of what has worked and areas of improvement; what were the main challenges?".

In order to answer the question, in-depth review was carried to the project document including project proposal, revised project proposal, 10 progress reports, monitoring and evaluation data and reports, project budget, budget expenditure, needs assessment reports and rapid market assessment. Analysis of data gained from KII with the project stakeholders including ACF staff and community leaders and CSO activists also performed. As a result, the evaluation found that by 30th May 2017 total number of realized beneficiaries was 7,637, which was 133.5% of planned number of beneficiaries (5,719). Table 6 below shows that there was gender balance in ACF's project as the percentage of male and female beneficiaries illustrate that.

Table 2- ACF Project Beneficiaries

	Female	Male	Total
MHCP	51.6%	48.4%	3,437
Livelihood	53.9%	46.1%	4,200
Total			7,637

During the project implementation, health facilities were used as safe spaces for psychological support services. Based on the data collection outcomes health facilities were efficient means for reaching vulnerable people and for program visibility. MHCP service was for case management, individual and group sessions. FGD interviewees pointed out that those health facilities were a source of getting information on coping mechanisms and getting knowledge on ACF activities. However, those facilities were less appropriate for individual sessions especially that it needed frequent visits of targeted beneficiaries. Cultural norms and educational background of targeted groups were barriers towards provision of individual sessions at health facilities. This occurs when the beneficiary of the individual session is female. When ACF realized this challenge, it changed the approach by providing individual psychological counseling at homes or where the beneficiary is.

The evaluation found that there was minimum use of education facilities as an outreach for MHCP activities. Also, coordination with other service providers in clinical mental health was not utilized efficiently for mental case referral as project staff stated that only few were referred to other mental health service providers. However, ACF supported cases that required health treatment within the livelihood sector.

During the desk review process of the allocated budget and actual budget expenditure, the evaluation process found that the total allocated budget was matching the total budget spent by the end of the project. Also, there were six budget lines in which, expenses were less than allocated budget. However, in three budget lines, expenses were more than allocated budget. Those three budget lines were office rent 169%, communication 259% and others 153% of allocated budget. However, the total over expenses for those three lines was 25,554 CAD which represents only 1% of the total budget. Also, looking at the cost efficiency, comparison of the current expenditure to the total number of beneficiaries results that the program cost for each

beneficiary was 261.8 CAD. In comparison, the planned cost per beneficiary in the project design was 349.71CAD. This shows that ACF was cost efficient in its project implementation.

In sum, ACF was efficient in reaching out planned targeted number of beneficiaries in both MHCP and Livelihood. Using health space was efficient for group sessions and visibility rather than individual counseling. ACF efficiently outreached most vulnerable people who do not have sufficient income sources. Monitoring mechanisms enable ACF to enhance its performance and create opportunity for feedback from targeted population though hotline and post monitoring distribution tools.

5.3. Effectiveness

The end of project evaluation process aimed at assessing the extent to which the project has effectively achieved its stated objectives and also to identify the supporting factors and constraints that have led to this achievement or lack of achievement. In order to answer those two questions, the evaluation focused on assessing effectiveness of activities listed under livelihood and MHCP interventions.

The first step was to gain feedback from interviewees on staff performance, quality of service and whether ACF staff was responding to the needs in both MHCP and livelihood activities.

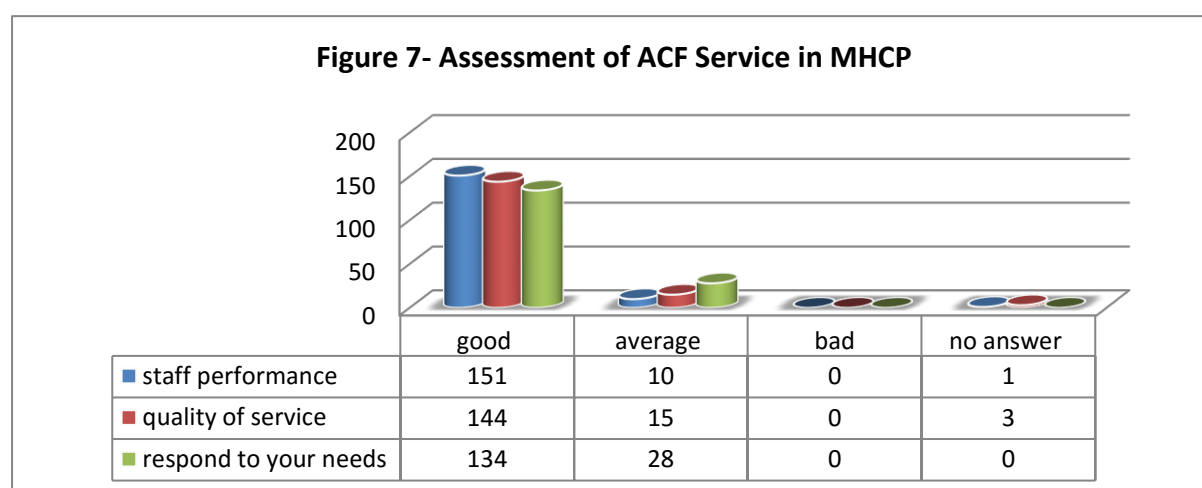
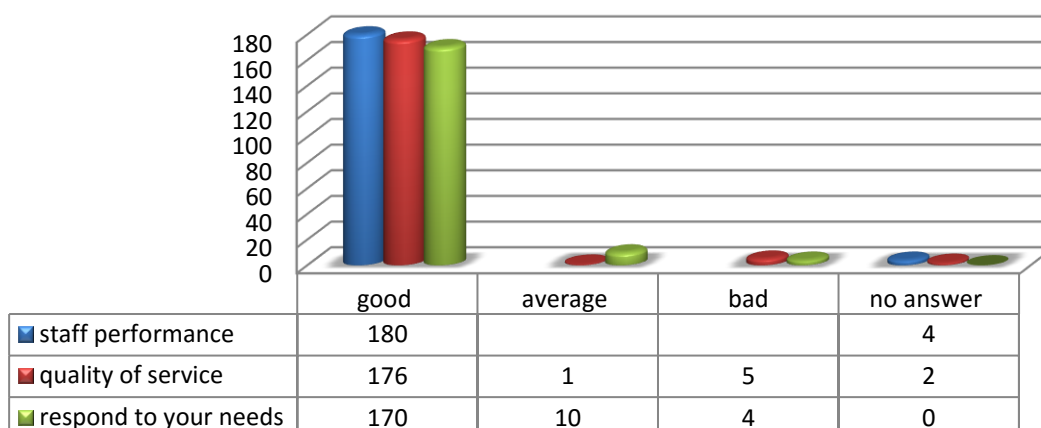


Figure7 and 8 below show that the evaluation interviewees were satisfied with ACF staff performance, quality of service and responding to their needs. Also, FGD outcomes was consistent with the HH survey outcomes as they claimed that ACF staff knew the procedures and their quality of service was good and in respectful manner taking into consideration privacy and their special needs . These results were similar for both MHCP and Livelihood activities. However, 5 persons saw the quality of service was bad and 4 stated that ACF did not respond to their needs which represent 2.7% and 2.1% respectively of targeted interviewees within the livelihood sample. The evaluation team searched for arguments of the people who were not satisfied and one prominent answer was that their names have been removed from cash-distribution list in the second and third round. However, post monitoring mechanisms figured out that those people were not eligible. As evidence, a couple of them have had expensive cars and other three were in good economic situation, which was verified by home visits. Elements looked at during those visits were observation of household items, furniture, dressing of children and adults especially women in a culture that wear jewellerys is common and interviewing family for their coping mechanism and income sources.

Figure 8- Assessment of ACF Service in Livelihood



Interviewees of FGD suggested a better place for MHCP individual sessions and diversifying subjects delivered during group sessions.

As a part of assessing effectiveness of the ACFs project, the evaluation looked at the procedures taken place for both MHCP and livelihood interventions. As a result, (figure 9 and 10 below), the multi-cash distribution procedure was taken in a safe environment 98%, the distribution occurred on specified time 96%. Also, figure 11 shows that the distribution was occurred in a respectful manner 97%.

Figure 9- Was the distribution on identified time?

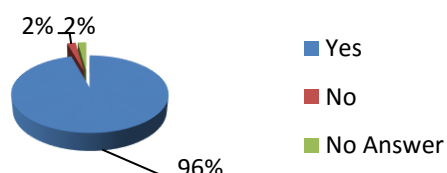


Figure 10- Was it safe ?

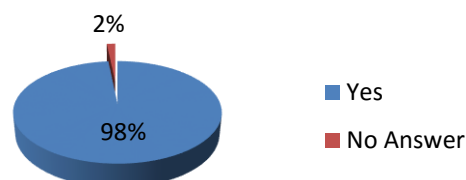
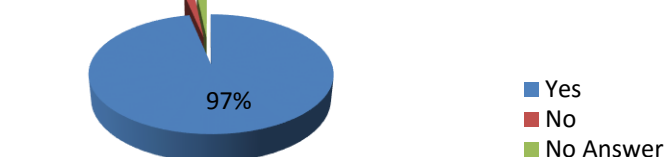


Figure 11- Was the money distributed in respectful manner



However, 39% of HH survey interviewees stated that they spent money to reach distribution points and 4% of livelihood beneficiaries said that they have other complaints as figure 12 and 13 below show.

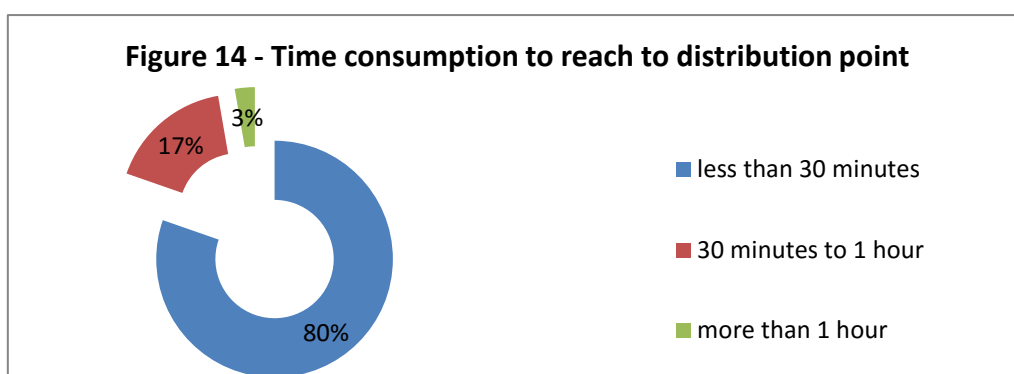
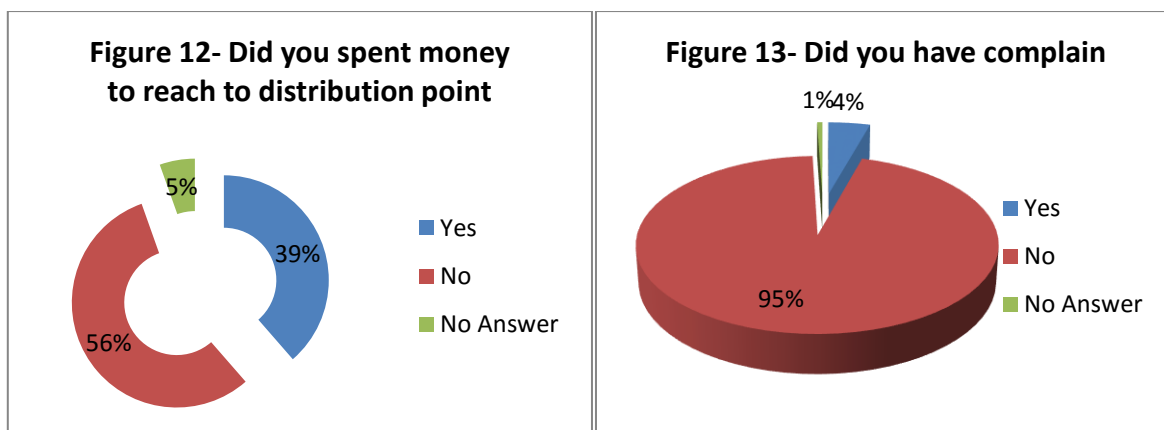
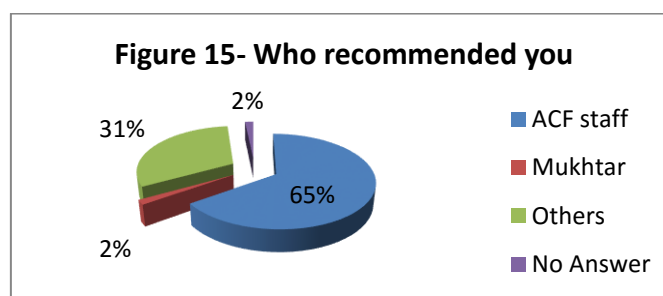


Figure 14 shows that the distribution point for beneficiaries were within less than 30 minutes walking for 80%, less than 1 hour walking for 17% and more than 1 hour for 3%. Looking at the reasons why people spent money in order to reach to the distribution point, FGD outcomes revealed that people used to state that they spent money to reach to distribution point aiming at increasing the amount of the cash they receive. From learning meetings at the ACF office, another argument came out in that people walked to the distribution point but they took a taxi to return as they felt safer when carrying cash. As a lessons learnt, E-transfer such as (Key Card) could be a suitable solution for people that prevent holding cash and spending money to distribution point.

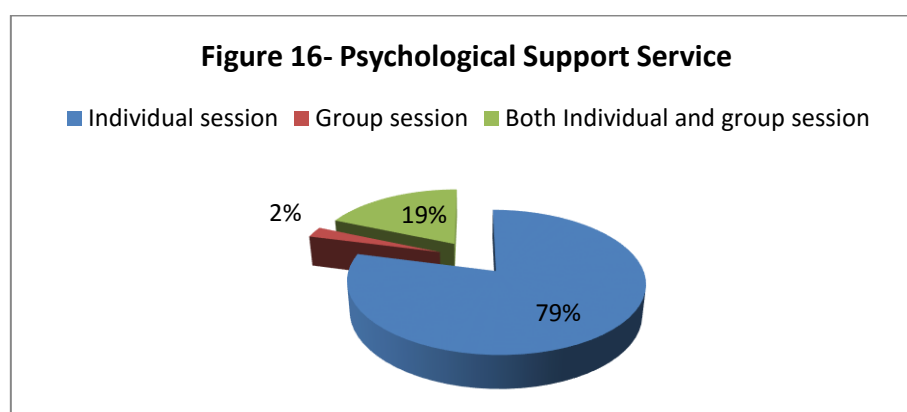
Another area for assessing the effectiveness of ACF visibility was referrals and recommendations of beneficiaries to the ACF livelihood program. Figure 15 shows that 65% of beneficiaries were recommended by ACF, only 2% recommended by Mukhtar and 31% were recommended by others such as relatives, neighbours and friends.



This shows the fact that ACF has multiple outreach activities as it targeted groups that are also promoting ACF activities and directing others towards ACF activities.

Interviewees of the FGD and KII stated that ACF provided sessions on nutrition awareness or diversifying food consumptions education. This was not designed in the proposal. However, interviewees believed that those sessions enabled them to avoid choices that could lead to malnutrition and enabled them to use their financial resources more wisely. Additionally, ACF supported 26 income generation projects as contribution to sustainable livelihood income. The process was through announcement, interviews, provision of training course and financial support of project implementation. Those projects were for 26 IDPs and host community members.

Activities conducted under MHCP sector resulted in supporting 3,437 beneficiaries through individual and group sessions as well as training workshop of 18 health staff facility. Based on desk review and data collection, training staff of health facilities had limited contribution towards case identification. The reason was that health facilities were almost closed (or sometimes working for a couple of hours only) as the staff had not received their salaries due to the economic crisis in IKR. Also, the evaluation process revealed that project beneficiaries were not receptive towards individual sessions at health centres. However, one of the effective approaches of ACF was providing individual sessions where beneficiaries were based- at home. As a result, monitoring tools of ACF outlined that 56% of identified cases reported improvement of their wellbeing. Form data collection process, figure 16 shows that 79% of interviewees received individual psychological support, 2% received group sessions and 19% received both.



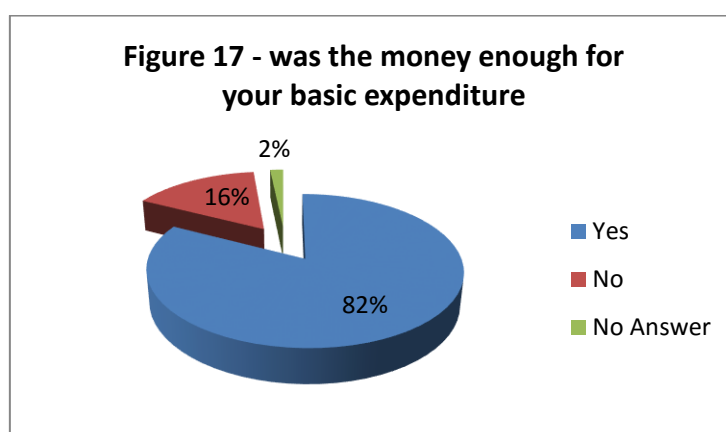
In sum, the livelihood intervention was generally effective in identifying vulnerable families and provided multi-cash distribution in an organized process, in a safe environment, in a respectful manner, on-time, within minimum walking distance and with almost no complaints. However, ACF would have reduced expenditure on beneficiaries reaching to distribution point to zero if it had used E- transfer. Also, the income generation contributed to sustainable livelihood income generation of 26 families as the monitoring mechanism revealed. In MHCP sector, ACF effectively supported targeted population through home-based counselling and group awareness sessions at health facilities. Although, ACF trained 18 staff of health facilities, ACF couldn't utilize those spaces effectively as there were lack of staff and minimum working hours in those facilities. Also, in MHCP coordination with other mental health service providers were not utilized effectively for case referrals.

5.4. Likelihood of Impact

Another area of the end of project evaluation was analyzing the impact of ACF's intervention on the targeted population using an integrated approach MHCP – FSL and whether the project

produced the expected impact through the implemented activities. Accordingly, the evaluation process looked at the multi-month cash distribution, income generation activities and the M&E tools as main pillars for the livelihood intervention. While for the MHCP, the end of project evaluation looked at individual and group sessions of PSS and training staff of health facilities. In the last part of this section, the analysis focused on the integrated approach of both MHCP and livelihood.

The proposed immediate output of the project was “extremely vulnerable households have sufficient financial resources to satisfy their critical needs, particularly in terms of access to food, accommodation, and health”. Therefore, the evaluation looked at the amount of cash delivered to define whether it responded to their basic needs. As a result, HH survey results showed that the amount of cash met the basic expenditure of 82% of the respondents and it was not enough for basic expenditure of 16% of the respondents.



Based on the data collection outcomes (FGD and KII), for many of the beneficiaries there is no limitation for enough as there are always justifications in the need for more money. However, when the evaluation looked at the type of expenditures, another argument for “was not enough” appeared. Beneficiaries stated that they spent money on the following needs:

- Food, clothes, water and electricity
- Paying rent , buying household items
- Paying back debts
- Education- buying stationary and pay transportation for their children to go to schools.
- Purchasing baby milk and nappies.
- Access to health service for themselves and for their family members.

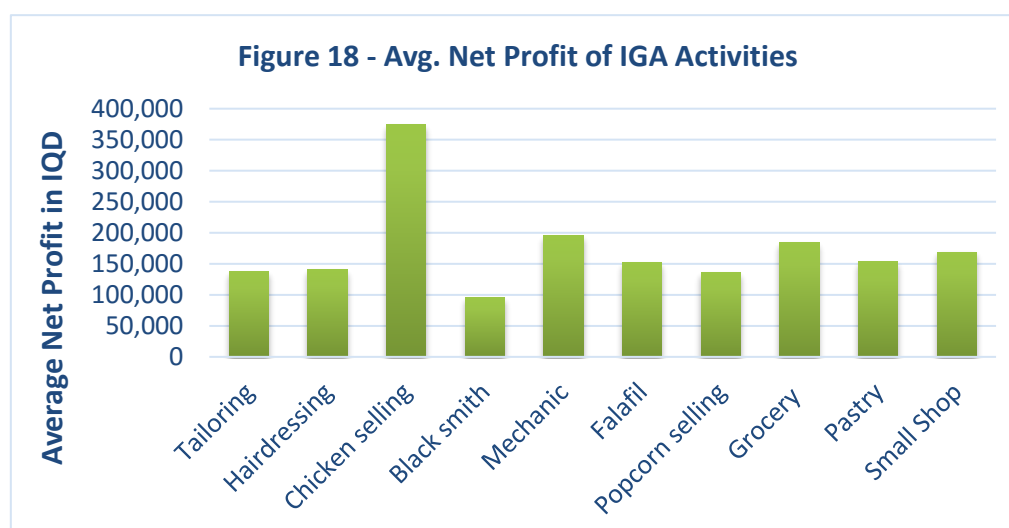
Looking at the expenditure of the beneficiaries, it can be figured out that all lists of items are falling within basic need basket. However, the amount of money distributed was not enough for the family if spent on all those items. This occurs when families have members with long-term health problems, larger families or when there is a need to pay for private surgical operation. However, ACF may think of special amounts of cash to be utilized for referral of cases to hospitals and other service providers in future programing.

Also, the evaluations process searched for the social impact of cash distribution within beneficiaries and families. As a result, cash distribution cased domestic arguing for seven families out of 184 interviewees, six of those cases was between husband and wife and were equally; three men with their wife and three women with their husband. Only one debate occurred between a

man and his brother because the latter was removed from beneficiary list in the second round as he was not eligible.

The outcomes show that there were not negative consequences for cash distribution on social connections of the families except one which represents only 0.05% of total number of interviews. Here, ACF would need to think about no harming strategy of social connections in future programming. An example that shows potential challenges is in the case that Action Against Hunger would target a vulnerable family that lives with another family and is dependent economically on them for a period of time before Action Against Hunger's intervention. Would ACF help both families? Or only the vulnerable one? If ACF went to choose the second option then will ACF harm the social connections among both families? This is a serious issue which needs careful planning and taking into consideration in future programing.

Income generation activities had positive impact and sustainability. ACF contributed to suitable livelihood income of 23 families out of 26 as other three families returned to their place of origin. The evidence is based on M&E reports that illustrated how the incomes of those families are increasing over time. However, there is variation between projects as figure 24 below shows¹⁰.

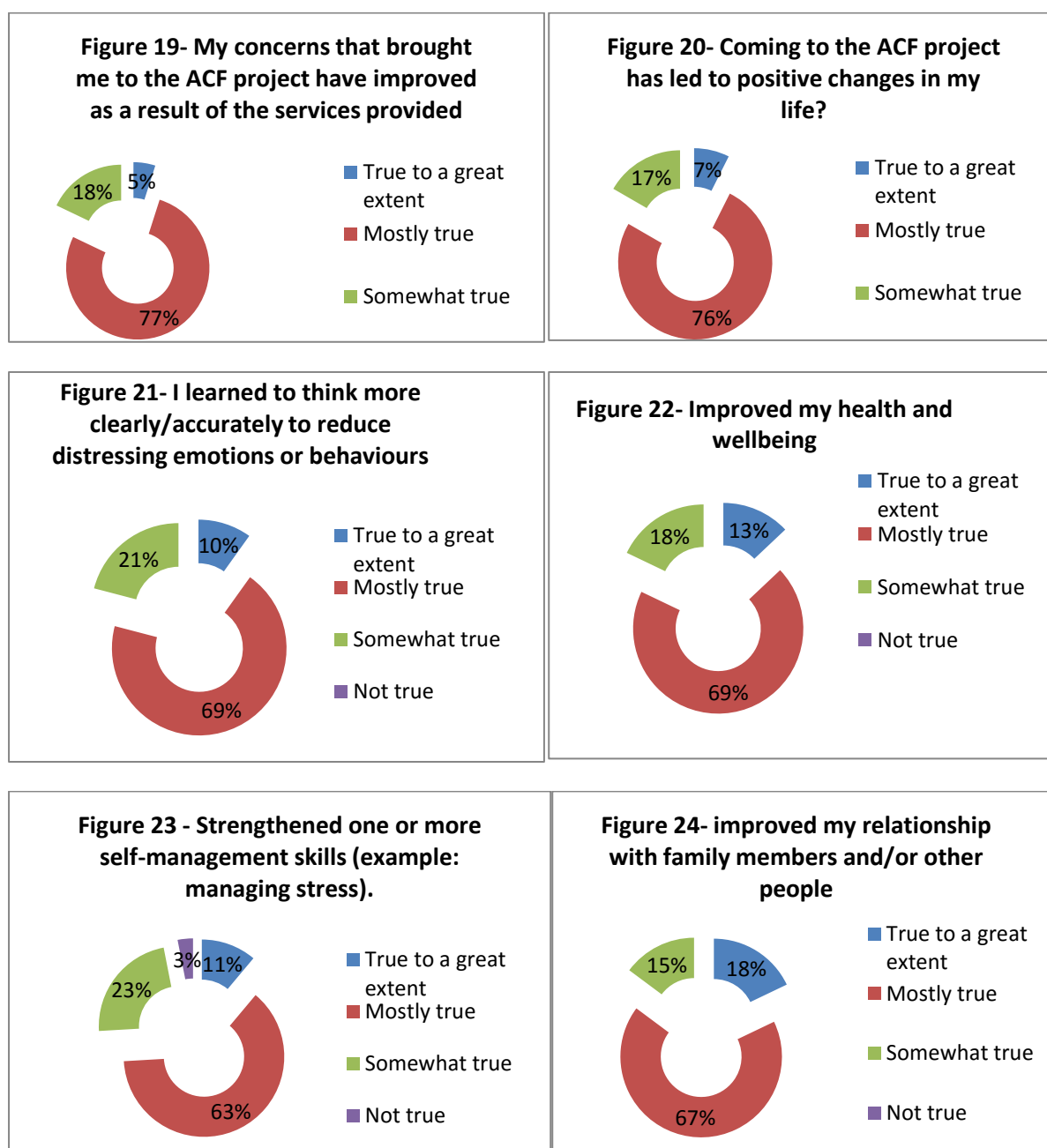


Also, from KII and FGD there were more reception and recommendations for ACF to continue such types of projects. This is because interviewees trusted and understood the process carried out by ACF. They claimed that the process started by announcements, selection, training and then financial support and follow up. Furthermore, there was a common agreement that the project sensibly targeted both IDPs and HC members.

Based on the ToR, the evaluation process looked at the impact of MHCP on targeted beneficiaries. Accordingly, search for changes in the life of MHCP beneficiaries was a key. Almost all beneficiaries pointed out that their lives have improved as result of services provided, "participation in the ACF project led to positive changes in my life", "we learned to think more clearly/accurately to reduce distressing emotions or behaviours". It also improved their health and wellbeing and improved their relationship with family members and/or other people as figures 19,20,21,22 and 24 below demonstrate. Also, form the KII and FGD, the evaluation process did not find people disagreeing with the statements shown in the figures below. However, figure

¹⁰ Cited from ACF M&E report.

23 shows that 11% of the beneficiaries did not agree with the statement “Strengthened one or more self-management skills”. Also, this was brought up in FGDs when beneficiaries thought about changing some of those subjects and changing the space where group sessions were held.



Finally, the evaluation process revealed that there was limited link between both MHCP and Livelihood interventions as it was demonstrated under ‘Relevance’ section of this report. (page 13) However, both MHCP and livelihood were priority needs of targeted population. Also, the amount of cash met the basic needs of majority and the income generation activities have had possible long-term impact as well as contribution to sustainable livelihood incomes of those families. Furthermore, the outcomes of the evaluation show that there were not negative consequences of cash distribution on social connections of the families. However, it is essential for ACF to take into consideration social connections of families in future programing. Majority of MHCP interviewees agreed that ACF’s service led to positive change and enabled them to reduce

distress, improved their health and wellbeing and improved their relationship with family members. However, ACF needs to think about alternative space for group sessions and more topics and awareness sessions in order to be able to strengthen self-management skills of targeted beneficiaries.

6. Conclusions

In the “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq, 2016” project, Action Against Hunger (ACF) intervened to save lives, alleviate suffering and give human dignity for the vulnerable IDPs and host communities in Diyala Governorate, Iraq.

The End of Project evaluation objective was to assess efficiency, effectiveness, relevance and impact of ACF’s project in Diyala governorate. Mix-method approach was used in this evaluation process targeting 392 people (44% female and 56% male) through 12 Key Informant Interviews, 346 Household Surveys and 34 people in 6 FGDs.

Livelihood interventions in terms of multi-cash distribution and income generation activities as well as MHCP were highly relevant to the needs of the targeted population. This is mainly because there was high number of vulnerable people in need of income. Furthermore, the conflict in Diyala created psychological and psychosocial problems as people as people were exposed to violence and displacement.

ACF was efficient in reaching out to planned targeted number of beneficiaries in both MHCP and Livelihoods activities. Using existing health spaces was efficient for group sessions and visibility, but not for individual counselling. ACF efficiently outreached most vulnerable people who did not have sufficient income sources. Monitoring mechanisms enabled ACF to enhance its performance and create opportunities for feedback from targeted population through hotline and post monitoring distribution tools. Also, the project was found to be cost effective.

Livelihoods interventions were generally effective in identifying vulnerable families and provided multi-cash distributions to meet their immediate household requirements. Food diversity awareness sessions were added value to the project activities as it aimed to avoiding malnutrition among targeted beneficiaries through diversifying food sources.. However, ACF would have reduced expenditure on beneficiary transport for reaching distribution points if the modality of E- transfers was used to transfer money to the beneficiaries because the survey results found out that mobile money transfer agents are present in Diyala and mobile phone use penetration is high among the targeted beneficiaries. In the MHCP intervention, ACF effectively supported the targeted population through home-based counselling and group awareness sessions at the health facilities. Although ACF trained 18 staff of health facilities, ACF couldn’t utilize those spaces effectively as attendance of the medical staff was irregular with limited working hours in those facilities due to failure of IKR government in paying salaries of health workers on time. Also, in MHCP intervention, coordination activities with other mental health service providers were not optimized in case referrals.

The evaluation revealed that number of beneficiaries who received both MHCP and Livelihood interventions at the same time was limited to 10%. The amount of cash distributed to beneficiaries managed to meet their immediate household basic needs. In the long run, the income generation grants have a possible long-term impact to contribute to contribute to

sustainable livelihoods and employment creation for the targeted beneficiaries. Furthermore, the outcomes of evaluation show that there were not negative consequences of cash distribution on social connections of the families. However, it is essential for ACF to take into consideration social connections of families in future programing. Majority of MHCP interviewees agreed that ACF service led to positive change and enabled them to reduce distress, improved their health and wellbeing and improved their relationship with family members. However, ACF needs to explore more MHCP topics in order to be able to strengthen self-management skills of targeted beneficiaries.

Based on the analysis of primary data collection and secondary data review, the evaluation outlined supporting factors which were: ACF staff was able to analyze the needs of beneficiaries and adhere to humanitarian response standards during emergencies which enabled ACF to respond to the needs adequately. Performance of ACF staff enabled provision of satisfactory quality service and community respect. Also, ACF flexibility in reaching the population in need enabled vulnerable people to access Livelihoods and MHCP services. Clear and systematic procedures were developed and practiced by the project staff. Coordination with other service providers resulted in avoiding duplication of efforts. Realizing change in the needs of community members by ACF and responding to those needs, resulted in income generation projects and approaching areas with high needs. Monitoring mechanisms enabled program staff to enhance their services in terms of targeted beneficiaries and quality of services. Additionally, change in the need of targeted population occurred when the project started in June 2016 as the proposal time of implementation was in 2015.

Constraint factors included the economic crisis limited operations of Health Facilities. Consequently it affected delivering training for medical staff, case identification and provision of individual and group counseling at those facilities. Also, cultural norms and stereotype limited ACF in delivering MHCP service in hospitals and clinics. Additionally, gender sensitivity, as women need permission of men to visit health centers to access psychological support. Men sought psychological sessions were not beneficial as it will not bring income for the family.

7. Lessons Learnt and Good Practices

The end of project evaluation process found that during “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq, 2016” project implementation by ACF there were lessons learned and good practises which are outlined below:

- 1) It is essential to analyse cultural norms, stereotype and map the social connection during designing phase of the project. In Diyala, Health facilities were not useful spaces for all cases that required PSS as the attendance rate of the community to health centres was low.
- 2) Social empowerment and coping mechanisms need to be addressed and to be enhanced during groups’ sessions as they were not received effectively by targeted population.
- 3) Alternative spaces for health centre have to be explored as health facilities were not fully functional due to the economic crisis in IKR.
- 4) Although both MPHIC and livelihoods were essential needs for targeted population, there were limited link between MHCP and Livelihoods activities in terms of targeted beneficiaries and geographical coverage.
- 5) Coordination with other service providers was important to avoid duplications of services and it also needs to be utilized for referral mechanisms.

- 6) At least one third of cash-distribution beneficiaries spent money to reach to distribution points which needs to be addressed using various mechanisms including electronic money transfer. In future, in depth proper emergency market mapping and analysis assessment needs to be done with commodity traders as well as potential reliable mobile money transfer agents in the area so as to come up with the most relevant and cost effective modality for cash transfer to beneficiaries.

During end of project evaluation, there were good practises that have been adopted by ACF staff, which were successful and appropriate in the context of Diyala and could be used in similar initiatives. List of good practises are outlined as following:

- 1) Rapid need assessments and market survey were beneficial guidance for designing project activities and meeting real need of targeted population.
- 2) Maintaining coordination with stakeholders for MHCP and Livelihoods was a good practise in responding to the real needs and avoiding duplication.
- 3) Inclusion of both IDPs and host community members enhanced social cohesion and improved ACF reputation among the targeted communities.
- 4) Health facilities are suitable to be used for visibility and outreach activities. As the evaluation process found that health centres provided useful spaces for raising awareness and carrying out group sessions, as long as, it is one time PSS session.
- 5) Flexibility in MHCP services was optimized especially in individual sessions through provision of PSS at homes. However, low profile must be maintained during those visits.
- 6) The targeting criteria for cash distributions was effective in meeting the project objective of supporting vulnerable people to ensure sufficient financial resources to satisfy their critical needs.
- 7) Income generation activities in the long term help to contribute to sustainable livelihoods and employment creation among vulnerable communities.
- 8) ACF provided awareness sessions on food diversity to avoid malnutrition during cash distributions. Those sessions were highly beneficial for the targeted populations in order to utilize their resources more wisely and improve nutrition..
- 9) The M&E mechanisms of family visits and allocation of hotline were highly effective in gathering feedback from beneficiaries in order to meet project objectives
- 10) Monitoring mechanisms efficiently enabled program staff to enhance their services in terms of targeted beneficiaries and quality of services

8. Recommendations

Based on the evaluation findings, this section, outline recommendations for future Action Against Hunger's program in Iraq. The following recommendations are classified into three packages which are general programming, MHCP and livelihood interventions. For each of those sets, recommendations are outlined from most urgent to least urgent needs.

- 1) Inclusion of both IDPs and host community members enhanced social cohesion and improved ACF reputation among the targeted communities which is high priority and needs to be maintained
- 2) Needs assessment was a crucial activity in the project design and has to be maintained as one of the main activities in ACF's projects.
- 3) Usually, need assessment reports identified needs and recommendations, it is also important to outline the best possible methodology for addressing those needs in future process.
- 4) Proper emergency market mapping and analysis needs to be done with commodity traders as well as potential reliable mobile money transfer agents in the area so as to come up with the most relevant and cost effective modality for cash transfer to beneficiaries.
- 5) Both MPHIC and livelihoods were essential needs for targeted population. However, there is no urgency for linking both interventions to same targeted population and area, rather than, should be based on need.

MHCP Intervention

- 6) In MHCP program, it is imperative for ACF to allocate budget for MHCP cases that requires access to health service and transportations.
- 7) Psychological first aid and case identification training should not be limited to the staff of health centres, but also, ACF needs to include NGO staff, education facilities and other social groups in the communities.
- 8) Educational facilities and Parent-Teacher meetings are possible structure to be utilized in future programing for MHCP activities.
- 9) Flexibility in MHCP services needs to be maintained and must be low profile in cases of delivering individual sessions of PSS at homes.
- 10) ACF needs to consult target population on their desire topics for group sessions and it could be beyond PSS to include positive parenting, health awareness, legal rights and social skills.
- 11) Publications such as leaflets and brochures are useful materials to enhance social empowerment and coping mechanisms during group sessions.

Livelihood intervention

- 7) At least one third of cash-distribution beneficiaries spent money to reach to distribution points, which needs to be addressed using various mechanisms including electronic money transfer.
- 8) Social connection map of the families, especially when there are more than one family within the same house needs to be considered in ACF's projects.
- 9) Cash distribution designed in emergency response program and ACF needs to focus on sustainable livelihood income generation activities in the future programing.

Annexe I: Evaluation Criteria Rating Table

The evaluator will be expected to use the following table to rank the performance of the overall intervention using the OECD/DAC criteria. The table should be included in annex of the evaluation report.

Criteria	Rating (1 low, 5 high)					Rationale
	1	2	3	4	5	
Design					5	High quality of work and met expectations as the project design as based on existing knowledge of the staff in the field. Project proposal was amended as there one year gap between project design and implementation. This reflects credibility, high quality of work and performance.
Relevance/Appropriateness					5	ACF intervention met expectation of beneficiaries as majority of interviewees agreed that MHCP and Livelihood was highly relevance and appropriate. Also, it reflects high quality of work in defining needs.
Coherence				4		Over coherence of ACF's intervention was acceptable in terms of joint MHCP and FSL as they were based on need. The coherence in each intervention separately (FSL and MHCP) were high quality, meeting all areas of inquire as there were consistency in type of activities and high reception of HC and IDP communities.
Coverage				4		Coverage met expectations and the quality was fair as there was different geographical coverage for MHCP and Livelihood.
Efficiency				4		Performance consistently met expectations as ACF was efficient in reaching out to planned targeted number of beneficiaries in both MHCP and Livelihood. The overall quality of work was fairly good for individual counselling. Outreached most vulnerable people who did not have sufficient income source and lunching Monitoring mechanisms. Also, the project was cost effective.
Effectiveness				4		Performance consistently met expectations in all essential areas of MHCP and livelihood. However, using spaces of health facilities was ineffective for case identification by medical health staff and individual counselling and one third of beneficiaries spent money for reaching to distribution point.

Sustainability and Likelihood of Impact			3			The nature of the project is emergency response and there is less sustainability expectation of such interventions. However, quality of work was fair ACF as contributed to possible sustainable livelihood incomes of 23 families. There were not negative consequences of cash distribution on social connections rather meeting needs. Majority of MHCP interviewees agreed that ACF service led to positive change and enabled them to reduce distress, improved their health and wellbeing and improved their relationship with family members.
---	--	--	---	--	--	--

Guidance for rating the evaluation criteria:

Rating	Definition
1. Unsatisfactory	Performance was consistently below expectations in most areas of enquiry related to the evaluation criteria. Overall performance in relation to the evaluation criteria is not satisfactory due to serious gaps in some of the areas. Significant improvement is needed. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these areas.
2. Improvement needed	Performance did not consistently meet expectations in some areas of enquiry– performance failed to meet expectations in one or more essential areas of enquiry. Some improvements are needed in one or more of these. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these key areas.
3. On average meets expectations	On average, performance met expectations in all essential areas of enquiry and the overall quality of work was acceptable. Eventual recommendations over potential areas for improvement are outlined in the evaluation report.
4. Meets expectations	Performance consistently met expectations in all essential areas of enquiry, and the overall quality of work was fairly good. The most critical expectations were met.
5. Exceptional	Performance consistently met expectations due to high quality of work performed in all essential areas of enquiry, resulting in an overall quality of work that was remarkable.

Annexe II: Good practice

The evaluator will develop one of the good practices identified in the following template and will include the table in annex of the evaluation report.

Title of Good Practice
Implementation procedure of Income Generation activities
Innovative features and key characteristics
<p>(What makes the selected practice different?)</p> <p>Income generation activity has the concept of sustainable livelihood income, ACF carried out this activity in an organized, fair, non-discriminatory and participatory approach.</p>
Background to the Good Practice
<p>(What was the rationale behind the good practice? What factors/ideas/developments/events lead to this particular practice being adopted? Why and how was it preferable to other alternatives?)</p> <p>Income generation activity targeted 26 IDPs and HC members in Garmian area. The process was as follows:</p> <p>The process consisted of several stages; ACF conducted rapid market assessment and then there was an announcement for applicants to send their ideas. Later one ACF assessed those ideas and examine feasibility of those ideas in the market. As part of assessment, ACF assessed the current skills and ability of applicants in comparison to their ideas. Later on the ideas developed in to prototypes and project after making final decisions.</p> <p>Practice: Looking at the beneficiaries we will find out that the project are small in their size, however the impact was fairly good as those project continued and there were increase of the income of those families.</p>
Further explanation of the chosen good practice
<p>(Elaborate on the features of the good practice chosen. How did the practice work in reality? What did it entail? How was it received by the local communities? What were some of its more important/relevant features? What made it unique?)</p> <p>Beneficiaries were mixture of male, female, host community members and IDPs, that reinforced the notion of social cohesion and gender equality.</p> <p>Additionally, follow-up mechanisms adopted by ACF was another factor for ACF to work out successful rates in order to duplicate it in another region. As result, 23 projects are still working and the other remaining three belonged to IDPs and turned to their origin.</p> <p>Furthermore, those income generation beneficiaries appreciated ACF follow up as they claimed that it was encouraging factor for us to continue our jobs.</p>
Practical/Specific recommendations for roll out
<p>(How can the selected practice be replicated more widely? Can this practice be replicated (in part or in full) by other Action Against Hunger interventions? What would it take at practical level? What would it take at policy level?)</p>

Yes ACF can replicate this practice in other areas taking into consideration the notion of inclusion and sensitivity to different genders, identities and disabilities of beneficiaries. However, ACF judgment on supporting specific projects should be based on market assessment and project feasibility

How could the Good Practice be developed further?

(Outline what steps should be taken for the practice to be improved and for the country office to further capitalize on this good practice)

Similarly to income generation activities in Diyala, ACF needs to consider same process and in a participatory manner. Furthermore, ACF needs to look at the social connection maps of those proposed families for support.

Annexe III: List of persons interviewed

FGD Interviewees

Number	List of names	Gender	District
1	Aliaa Latif	Female	De Taza
2	Fekhria Hasan	Female	De Taza
3	Hba Abd Algebar	Female	De Taza
4	Senaa Abd Alkarim	Female	De Taza
5	Henaa Mahmoud Ferhan	Female	De Taza
6	Nour Deham	Female	De Taza
7	Hanan Adai	Female	Khanqin
8	Nour Alhouda Hassan	Female	Khanqin
9	Khaleda Adai	Female	Khanqin
10	Bahia Batikh	Female	Khanqin
11	Bidaa Reshid	Female	Khanqin
12	Shimaa Hamed Jasem	Female	Gulajo
13	Ghenia Mezaal	Female	Gulajo
14	Neglaa Abd Allah	Female	Gulajo
15	Souaad Ebrahim	Female	Gulajo
16	Hauia Aidan	Female	Gulajo
17	jian Ali	Female	Gulajo
18	Rsl Shaker	Male	Other
19	Saosan Ali	Female	Other
20	Bidaa Shaker	Female	Other
21	Shihab Ahmed Reshid	Male	Gulajo
22	Mohamed Gamil Sohil	Male	Gulajo
23	Naser Allah Mohamed Naser Allah	Male	Gulajo
24	Rehman selman Shemh	Male	Gulajo
25	Bourehan Ebrahim Shah	Male	Gulajo

26	Ead Hussin	Male	Gulajo
27	Agob Esmaail	Male	Gulajo
28	Mohamed Qader Kheder	Male	Gulajo
29	Ghenia Mezaal	Female	Gulajo
30	Neglaa Abd Allah	Female	Gulajo
31	Souaad Ebrahim	Female	Gulajo
32	Hauia Aidan	Female	Gulajo
33	jian Ali	Female	Gulajo
34	Shimaa Hamed Jasem	Female	Gulajo

Annexe IV: Household Survey Questioner

Household Survey questioner – MHCP

This questioner is data collection tool that aims at carrying evaluation of “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq” project. An important part of this process is to listen to the opinions and experiences of the project stakeholders. Participation is voluntary and there is no remuneration or other direct benefits in participating in this process. However, your answers are important to help us understand what has been achieved through this project and how the project could be improved in the future. The answers will remain anonymous and your name will not be shared. We are look forward to learn from your experiences. Thank you

1) Do you agree to participate in the evaluation? Yes ☐ no ☐
If yes, please continue, otherwise end the interview

2) Name of participant:

3) Date of filling the form:

4) District :

Kalar ☐ De Taza ☐ Gulajo ☐ Kfri ☐ Khanqin ☐ Shekh Lnger ☐ Other ☐

5) Job:

Housewife ☐ student ☐ don't work ☐ employee of of private or government ☐ other ☐

6) Age?

7) Gender:

Male ☐

Female ☐

8) Marital status

If female, Are Household headed?

Yes ☐

No ☐

9)

☐ Single

☐ Married

☐ Separated/Rejected by Spouse ☐ Widow

10) What is your household number?

11) How many depended do you have?

12) Date of arrive to the area:

month:

year:

13) How did you hear about the project?

ACF staff ☐

Neighbor ☐

government ☐

Mukhtar ☐

Others ☐

Please choice your biggest needs

Cash assistant ☐

job ☐

shelter ☐

health service ☐

Food and Nonfood ☐

others ☐ psychosocial support ☐

income generation ☐

Did ACF address one of these needs/which one(s)?

Cash assistant ☐

job ☐

shelter ☐

health service ☐

Food and Nonfood ☐

others ☐ psychosocial support ☐

income generation ☐

Are they any people suffering from mental health or psychosocial traumatic stress in your area?

Yes ☐

no ☐

Did you receive any assistant form other service providers? Yes ☐ no ☐

If yes, name of the service provider? and type of assistant.....

How do you assess the service that you received? ☐ (Please rank from 1 to 5, 5 is very good, 1 is not good at all)

If 1 or 2 please describe why?

What the psychological support service form ACF included:

- Group sessions ☐ how many ☐
- individual sessions ☐ how many ☐
- Case referral

How long each session was taking 10 minutes ☐ 10-30M ☐ 30-50M ☐ 50 and over ☐

For each of the statements below, please give ranking that best represents your opinion.
(5 = True to a great extent 4 = Mostly true 3 = Somewhat true 2 = Not true 1 = Does not apply)

My concerns that brought me to the ACF project have improved as a result of the services provided	
Coming to the ACF project has led to positive changes in my life?	
Improved my health and wellbeing.	
I learned to think more clearly/accurately to reduce distressing emotions or behaviours	
Strengthened one or more self-management skills (example: managing stress).	
improved my relationship with family members and/or other people	
I increased my ability to recognize, name, and/or appropriately express my emotions	

Did you have a complaint during your treatment? Yes ☐ No ☐

Did you experience any type of violence in the past 12 months?

Gender-based violence ☐ Domestic violence ☐ Sectarian violence ☐ No ☐

Would you recommend the ACF project close friends? Yes ☐ No ☐

Is there anything you would change in order to improve these sessions?

.....

1- What other interventions do you recommend to ACF in order to address the challenges in your community?

.....

Thank for your participation

Household Survey questioner – Livelihood

This questioner is data collection tool that aims at carrying evaluation of “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq” project. An important part of this process is to listen to the opinions and experiences of the project stakeholders. Participation is voluntary and there is no remuneration or other direct benefits in participating in this process. However, your answers are important to help us understand what has been achieved through this project and how the project could be improved in the future. The answers will remain anonymous and your name will not be shared. We are look forward to learn from your experiences. Thank you

1- Do you agree to participate in the evaluation? Yes ☐ no ☐

If yes, please continue, otherwise end the interview

2- Name of participant:

3- Date of filling the form:

4- District :

Kalar ☐ De Taza ☐ Gulajo ☐ Kfri ☐ Khanqin ☐ Shekh Lnger ☐ Other ☐

5- Job:

Housewife ☐ student ☐ don't work ☐ employee of of private or government ☐ other ☐

6- Age?

7- Gender:

Male ☐

Female ☐

8- Marital status

If female, Are Household headed?

Yes ☐

No ☐

9-

☐ Single

☐ Married

☐ Separated/Rejected by Spouse

☐ Widow

10- What is your household number?

11- How many depended do you have?

12- Date of arrive to the area: month: year:

13- How did you hear about the project?

ACF staff ☐ Neighbor ☐ government ☐ Mukhtar ☐ Others ☐

14- Please choice your biggest needs

Cash assistant ☐ job ☐ shelter ☐ health service ☐ Food and Nonfood ☐

others ☐ psychosocial support ☐ income generation ☐

15- Did ACF address one of these needs/which one(s)?

Cash assistant ☐ job ☐ shelter ☐ health service ☐ Food and Nonfood ☐

others ☐ psychosocial support ☐ income generation ☐

Psychosocial support ☐

Cash Assistant ☐

Small Business project ☐

OTHERS ☐

16- What is the main source of income of the household?

Remittances ☐ Humanitarian Aid ☐ Savings ☐ Sale of assets ☐ government salary ☐

agriculture ☐, small business ☐, casual worker/shift labourer ☐

beneficiaries experience

17- Did you participate in the Multi Month Cash Assistance and/ or small business project?

Yes ☐

no ☐

18- Did you receive any assistant form other service providers? Yes ☐ no ☐

If yes, name of the service provider? and type of assistant.....

19- How do you asses the service that you received? ☐ (Please rank from 1 to 5, 5 is very good, 1 is not good at all)

If 1 or 2 please describe why?

20- How long did it take you to travel to the distribution point?

- Less than 30m ☐
- 30m to 1 hour ☐
- More than 1 hour ☐

- 21- Did you spend any money to get to the distribution point (transportation)?
Yes ☐ no ☐
- 22- How many months of cash have you received from our organization? Number ☐
- 23- Did the distribution/payment take place on the days and at the time you were told?
Yes ☐ no ☐
- 24- How did you feel while collecting the cash? Safe ☐ unsafe ☐
- 25- Are you aware of any complaints or feedback mechanism? Yes ☐ no ☐
- 26- How much did you receive per month? Number ☐
- 27- Were there any problems for you in accessing the money (delay)? Yes ☐ no ☐

A- Impact

- 28- Who controls the cash in your household? Has the cash caused any problems within your household?
Wife ☐ husband ☐ sister ☐ brother ☐ other family members ☐
- 29- Is the monthly cash assistance enough to cover your daily expenditures?
Yes ☐ no ☐
- 30- What are the first important 3 priorities you spent your money on?
- 31- How many days did you use the money you obtained from Cash Assistance program ☐
- 32- Is there anything you would change in order to improve?
.....
- 33- What other interventions do you recommend to ACF in order to address the challenges in your community?
.....

Annexe V: Key Informants Interview Questioner

This questionnaire is a data collection tool that aims at carrying out evaluation of “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq” project. An important part of this process is to listen to the opinions and experiences of the project stakeholders. Participation is voluntary and there is no remuneration or other direct benefits in participating in this process. However, your answers are important to help us understand what has been achieved through this project and how the project could be improved in the future. The answers will remain anonymous and your name will not be shared. We look forward to learning from your experiences. Thank you

- 1) Date of FGD
- 2) District :
Kalar ☐ De Taza ☐ Gulajo ☐ Kfri ☐ Khanqin ☐ Shekh Lnger ☐ Other ☐

- 3) What are the key achievements of the project in your view?
- 4) In general, would you say that the project has increased access to Mental Health and Psycho Social Support (MHPSS) among IDPs and host communities in the target areas?
 - If yes, what are the indications of this? How can this be seen? Please provide examples.
 - If no, why do you think access to MHPSS has not increased access among these vulnerable groups?
- 5) Are there any indications of beneficiaries of the project integrating MHPSS activities in the community?
 - If yes, how can this be noticed?
- 6) Are there any changes in the livelihoods of beneficiaries who participated in the cash assistance and small business project?
 - If yes, how can this be noticed?
- 7) In the future, do you think beneficiaries of the project will continue to use the knowledge and methods that they have learned as a result of the trainings that were provided?
 - If yes, what are the signs that indicate this?
 - If no, why do you think the beneficiaries will not continue to use what they have learned?
- 8) Can you describe the coordination process between ACF, partner organizations, other key stakeholders and the government throughout the implementation of the project?
- 9) Were there regular coordination meetings? If, yes:
 - How often were such meetings held?
 - Who were the key actors / stakeholders that attended the coordination meetings?
 - Did the participants attend regularly? Please explain why yes or no.
 - What were topics covered in these meetings?
 - What were the direct outputs of the coordination meetings?
- 10) Were there any coordination related challenges that you can think of?
 - If yes, what were these challenges and how were these challenges addressed / tackled?
 - What worked well in ACF's coordination efforts and why?
- 11) Were there any unexpected delays in the implementations? If yes:
 - What were the causes of these delays?
 - What activities were delayed as a result?
 - How were these delays coped with?
 - What were the implications of these delays for the overall implementation?
- 12) Would it be possible to achieve the same results with fewer resources or to scale up the project with the same resources?
 - Please explain how and why this would or would not be possible.
- 13) Looking back at the implementation of project, were there any planned outputs that were not achieved as a result of unforeseen limitations?
 - If yes, can you explain the nature and causes of such limitations?
 - If yes, how did the project staff address these limitations?
- 14) What are the other major challenges facing communities in your area?
- 15) How can these challenges be solved?

Thank for your participation

Annexe VI: Focus Group Discussions' Questioner

FGD – MHCP

This questionnaire is a data collection tool that aims at carrying out evaluation of “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq” project. An important part of this process is to listen to the opinions and experiences of the project stakeholders. Participation is voluntary and there is no remuneration or other direct benefits in participating in this process. However, your answers are important to help us understand what has been achieved through this project and how the project could be improved in the future. The answers will remain anonymous and your name will not be shared. We are looking forward to learn from your experiences. Thank you

1- Date of FGD:

2- District :

Kalar ☐ De Taza ☐ Gulajo ☐ Kfiri ☐ Khanqin ☐ Sheikh Lnger ☐ Other ☐

3- When did you arrive to the area: month: year:

4- How did you hear about the project?

5- What was the type of service did you receive from ACF?

6- One year ago, what were your priority needs?

7- Are there any people suffering from mental health or psychosocial traumatic stress in your area? How many as an estimate? Are they male or female, children or adult?

8- Did you receive any assistance from other service providers? From whom and what services (government and non governmental)

9- What psychological support services from ACF included:

- Group sessions, how many and how long each session was taking?
- individual sessions, how many and for how long? how long each session was taking?
- Case referral

10- How do you find the service that you received? Why ... examples?

11- What is the impact of the service that you received from ACF on your life? (At home, at community)

How did you find the counselors? Performance, knowledge, dealing you?

12- Is there anything you would change in order to improve these sessions?

13- What are the other major challenges facing communities in your area?

14- How can these challenges be solved?

15- Are there any humanitarian organizations supporting MHPSS cases and other vulnerable households with humanitarian assistance in your area?

Thank for your participation

#

FGD – Livelihood

This questionnaire is a data collection tool that aims at carrying out evaluation of “Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the On-going Conflict in Iraq” project. An important part of this process

is to listen to the opinions and experiences of the project stakeholders. Participation is voluntary and there is no remuneration or other direct benefits in participating in this process. However, your answers are important to help us understand what has been achieved through this project and how the project could be improved in the future. The answers will remain anonymous and your name will not be shared. We are look forward to learn from your experiences. Thank you

- 1- Date of FGD:
- 2- District :
Kalar ☐ De Taza ☐ Gulajo ☐ Kfri ☐ Khanqin ☐ Shekh Lnger ☐ Other ☐
- 3- When did you arrive to the area: month: year:
- 4- How did you hear about the project?
- 5- One year ago, what were your priroty needs?
- 6- How did you get to know about the ACF Livelihoods cash assistance project?
- 7- How many of you participated in the ACF cash assistance and/or small busniess project activities in your area?
- 8- Was the selection criteria for the project explained to you before participating?
- 9- How long did you have to wait from the time you were selected to be a beneficiary and the time you received the cash assistance?
- 10- Were the distribution areas of the cash assistance easily accessible to you?
- 11- Was the distribution conducted in a safe environment?
- 12- Were ACF staffs present at the distribution point to explain to you about you entitlements?
- 13- Was there a complaints and feedback mechanism at the distribution point?
- 14- How much cash assistance did you receive per month from ACF?
- 15- How long did you wait at the distribution point before being served?
- 16- Did you get any benefit from the cash assistance you received?
- 17- How did you use the cash you obtained from the project?
- 18- Was the cash you received enough to cover all your household needs per month?
- 19- How many months did you receive cash assistance from ACF?
- 20- Did you receive any other assistance from other nongovernmental organizations(NGOs) or government departments?
- 21- Do you have other sources of income generating activities?
- 22- What other Livelihoods activities do you think can improve your livelihoods in your current area?

Thank for your participation

Annexe VII: Evaluation Terms of Reference

1. CONTRACTUAL DETAILS OF THE EVALUATION

1.1. Key Evaluation Dates

Expected Start Date:	21 – 05 – 2017
End Date:	20 – 06 – 2017
Inception Report	4th day of the contract
Submission of Draft Report	25th day of the Contract
Submission of Final Report	30th day of the contract

1.2. Language of the Evaluation

Language Requirements for the Evaluation:	English
Language of the Report:	English

1.3. Work plan and Timetable

Activities	Dates	No, of working days
Consultant selection process	11 th May	
Submission of Revised technical and Financial offer	13 th May	1.5
Evaluation briefing with ACF-KRI	14 th May	0.5
Desk review, preparation of field work (data collection tools)	15 th -17 th May	3
Inception Report	18 th May	1
Kalar evaluation coordinator receive one day ToT in Erbil	20 th May	1
ACF survivors debriefing and task allocation	21 st May	1
Data collection by ACF surveyors and coordinator	22 nd to 30 th May	6
Data Cleaning and analysis	31 st May until 6 th June	4
Debrief Workshop in country	15 th June	1
Drafting report	15 th – 21 th June	4
Feedback from ACF KRI	21 th – 28 th June	2
Final report delivery	17 th July	2
Total		27

2. DETAILS OF THE PROGRAMME

Name of the Programme:	Emergency response to meet immediate MHCP and Livelihoods needs of Internal Displaced Persons (IDPs) and Host Communities Affected by the Ongoing Conflict in Iraq, 2016
Location:	Diyala Governorate - Iraq
Starting Date:	01-Jan-2016
End Date:	30-Jun-2017 (with one-month NCE)

2.1. Map of Programme Area

--



2.2. Programme Overview

The project is organised into two components (Livelihoods/Cash and MHCP), each based on needs assessments and analysis.

Livelihoods/Cash: In response to the specific needs and situation identified in the targeted areas, ACF intends to address the issue of 'emergency livelihood', considering that income and cash concerns are priority needs of the two groups of beneficiaries identified, namely IDPs and host communities (HC). Since for many IDPs the perspective of displacement remains protracted, the lack of access to livelihoods to respond to basic needs creates severe challenges to deal with displacement and the crisis in the long term. In Diyala Governorate, 35% of males aged 18-59 are unemployed and seeking a job, as well as 20% of females, mainly because of the increased competition caused by the population growth in the governorates affected by the crisis. 31% of HH have debts to be repaid to relatives, friends and also HC, mostly to buy food, access health services and rent a house. Moreover, a general increase of the price of basic needs is registered in Diyala: 47.4% against a national average of 14.2%. For all these reasons, a cash support intervention is crucial.

A general concern is to cope with the increasing level of frictions between IDPs and HC: ACF intends to target mixed (IDP/HC) groups and support them with additional sources of income. Specific selection criteria will be used as well as gender disaggregated data for assessment and monitoring reasons. Direct targeted women will be those belonging to "women headed household", who will be involved as much as possible in those informal groups in charge of facilitating the decision making process at community level.

The cash interventions are considered among the most suitable tools to support humanitarian needs in crises. They consist in a flexible tool to respond to different needs and that can complement interventions in different sectors (in this case, MHCP). Unconditional cash intervention is the most effective tool to support household in meeting their priority needs with flexibility and giving them freedom of choice for their purchases. The cash based intervention does not per se duplicate food interventions done by WFP, which are mainly focused on determined food baskets or restricted voucher, and the risk of overlapping is also limited by ACF's active involvement in all coordination mechanisms in the area. The cash based intervention is a key component of the humanitarian response in Iraq and it is part of the 2016 Iraq HRP as a key tool "enabling households affected by the crisis to meet their critical needs in a manner that upholds the dignity of the beneficiaries". The modalities (the frequency of distribution, the amount of cash transferred to the families and criteria of selection) and the targeted groups (IDPs, HC) defined for the proposed intervention are compliant with the modalities defined by the Iraq cash working group in the 2016 Iraq HRP. Finally, the cash distribution tends to support the local market and normally register multiplier effects at economic and social level. In so doing it can also help to link emergency response to longer-term recovery, which is the final strategic goal of ACF in the country in the long run.

MHCP: A precarious living condition is an additional source of stress and distress and a potential protection concern for people often already traumatized by the conflict, which increases the difficulty to find points of reference and intensifies vulnerability. In Diyala, over 12% of IDP families living out of camps have reported a member showing signs of extreme stress reaction. If the IDPs in camps have access to a minimum of assistance, a majority of people out of camps have little access to health services with an overwhelmed public health system.

The experience ACF gained with previous projects allows to identify at least the following common MH related issues:

- Most commonly reported symptoms are: fear, anxiety, grief, somatic complaints, changes in sleep patterns, hopelessness, stress and hypervigilance, deriving for the most part by trauma and exacerbated by the lack of perspective on the future, unemployment, dependence on external assistance, and precariousness of the daily life;
- Specific issues affecting women have a significant negative impact on their wellbeing. A high proportion of IDPs living in critical shelters and camps have no choice but to live alongside unrelated families in overcrowded conditions, without privacy. Stress and anxiety limit their capacity to care for themselves and their children, impacting on CP in general, IYCF, and the child development;
- Limited access to sufficient and proper MHPSS across the country, especially for moderate and severe cases (requiring specialized care).

All these factors, and other more specific to each location and situation, will be tackled by ACF for both IDPs and host communities during the implementation of the proposed project. Addressing MH needs is an essential part of the general effort to save lives, foster a rapid recovery, put in place positive coping mechanisms, limit the adoption of risk-taking behaviours and, more generally, facilitate the affected populations' resilience. ACF proposes an intervention through several axes, as suggested in international Guidelines such as the IASC and the mhGAP. Parallel and simultaneous to the activities targeting the people personally affected by the hostilities, being displaced or not, ACF deems it necessary to work with the local health services. Finally, mental health and psychosocial support remain a major component of the 2016 Iraq HRP through the Health Cluster second response line.

2.3. General Objective
Lives saved, suffering alleviated and human dignity maintained for Internally Displaced Persons (IDPs) and host communities in Diyala Governorate (Iraq).
2.4. Specific Objectives/Results
<p>Reduced vulnerability of crisis-affected people, especially women and children in Diyala governorate, Iraq</p> <p>MHCP/PSS</p> <ul style="list-style-type: none"> • People in situations of psychological and psychosocial distress within displaced populations and host communities develop resilience and positive coping mechanisms, with a particular focus on pregnancy and lactating women and children under 5 <p>Immediate Outcome 300 – Health: People in situations of psychological and psychosocial distress within displaced populations and host communities develop resilience and positive coping mechanisms, with a particular focus on pregnancy and lactating women and children under 5.</p> <p>ACF will provide the full package of Mental Health/PsychoSocial Support (MHPSS) and Care Practices (CP) to the targeted population (displaced and hosting), addressing their different needs deriving from their specific situation and living conditions, trying as much as possible to rely on already existing services provided by the national health system, supporting and reinforcing them when necessary. The total expected beneficiaries are 6,500 individuals, belonging to both groups (IDPs or HC), of which 3,500 benefiting from MHPSS services and 500 households from CP implemented in Baby Friendly Spaces (BFS).</p> <p>FSL</p> <ul style="list-style-type: none"> • Extremely vulnerable households have sufficient financial resources to satisfy their critical needs, particularly in terms of access to food, accommodation, and health <p>Immediate Outcome 500 – Livelihoods: Extremely vulnerable households have sufficient financial resources to satisfy their critical needs, particularly in terms of access to food, accommodation, and health. The Livelihoods/Cash component targets 300 particularly vulnerable HH (1,800 individuals), with possible overlap with MHCP beneficiaries, and aims at providing them with unconditional cash to respond to basic needs.</p>
2.5. Programme Activities
<p>MHCP/PSS</p> <ul style="list-style-type: none"> • Provision of psychological and psychosocial support to IDPs and members of the host population with individual and group sessions • Establishment of Baby Friendly Spaces (BFS) for PLW and children under 5 years old <p>FSL</p> <ul style="list-style-type: none"> • Conduction of a rapid market and a household assessments • Establishment of the local committees, identification and registration of the beneficiaries with the support of the committees • Monthly Distribution of Multi-Month Cash disbursements and track transfers

- Implementation of Monitoring and Evaluation tools: launch of a feedback mechanism and other monitoring tools such as the Post Distribution Monitoring (PDM)

Output 310: Affected population provided with appropriate psychological and psychosocial support: This approach aims to provide psychological support to people in need of individual or group counselling. ACF will implement these services through psychosocial workers (PSW) and psychologists. The MH team will provide support and follow-up plans according to the beneficiaries needs, strengthening the social network around them and helping them to find resources and improve coping skills.

Output 320: Baby Friendly Spaces (BFS) are established for PLW and children under 5 years old: the care practices component targets 500 HH and aims at reinforcing positive caregiver-child relationships. The BFS that will be created are part of a holistic approach that aims at providing comprehensive support to children and their caregivers in emergency situation in order to prevent malnutrition and provide support to the mother/caregiver to improve their care practices skills. Several activities will be organized in the BFS, with group and individual sessions, IYCF and play sessions for kids divided by age.

More specifically, the foreseen activities are:

Output 510: Conduction of a rapid market and a household assessments: necessary to define the targeted household and to understand the market situation in the different areas, they will be done at the beginning of the project.

Output 520: Establishment of the local committees, identification and registration of the beneficiaries with the support of the committees: the participation of the communities and other stakeholders is necessary to foster acceptance, a sense of ownership and future sustainability. Women's involvement in the committees will be strongly encouraged, to achieve the target of at least 30% of female participation.

Output 530: Monthly Distribution of Multi-Month Cash disbursements and track transfers: the core of the outcome, the distributions will be done on a monthly basis and organized in 3 rounds. The modalities and rules of the distribution will be shared with all relevant stakeholders, including the local authorities.

Output 540: Implementation of Monitoring and Evaluation tools: launch of a feedback mechanism and other monitoring tools such as the Post Distribution Monitoring (PDM). Different feedback and monitoring tools will be used during the implementation of the activities, to keep track on the progress against the targets and identify problems in a timely manner. The main tools to be implemented are: feedback mechanism (call center system), surveys, field visits, PDM, price monitoring etc.

3. AIM OF THE EVALUATION

3.1. Target User(s) of the Evaluation

ACF	Country Director, Deputy Country Director –Head of Departments FSL, MHCP, and MEAL
Implementing HQ	Technical Advisors FSL, MHCP and MEAL
Field Level	Field Coordinator, Program Managers (FSL and PM)
Other	Other Technical and operational staff at Field, Country or HQ Level

3.2. Objective(s) of the Evaluation

General Objective

Measure the impact, efficiency, effectiveness, relevance and sustainability of the implemented activities on the targeted beneficiaries. (DAC Criteria for evaluation)

Specific Objectives

1. Establish the relevance of the project design and identify linkages with the MHPSS and FSL interventions within the same intervention;
2. Determine the implementation efficiency of the project, bring an objective assessment of what has worked and areas of improvement; what were the main challenges;
3. Assess the extent to which the project has effectively achieved its stated objectives
4. Identify the supporting factors and constraints that have led to this achievement or lack of achievement;
5. Analyse the impact of the intervention on the IDPs using an integrated approach MHCP – FSL
6. Identify lessons learnt and potential good practice.
7. Provide recommendations to project stakeholders to promote sustainability and support the continuation of integrated approach (if pertinent), expansion or scaling up of MHCP – FSL approach that were proposed by the project in the targeted area and inform the design of future stages of ACF.

3.3. Scope of the Evaluation

The scope of the external evaluation is to analyse the impact (using mix-method approach) of the proposed MHCP/PSS – FSL integrated approach in the selected targeted beneficiaries. The evaluation should clearly report on:

- Is the proposed project in link with the integrated approach proposed by the project? (Initial Assessment - Beneficiary Selection – Activity Implementation)
- Is the project aligned with general and specific objectives stated in the project proposal?
- Does the project respect the work plan proposed to the donor?
- Has the designed project produced the expected impacts through the implemented activities?
- Have the project inputs been converted into project outputs and outcomes? (Quality and Quantity)
- Does the project respect of the main donor guidelines? (correspondence of Objectives-Output – Outcomes – Source of Evidence)
- Does the project cover the GAP needs (MHCP – FSL) described in the initial assessment?
- According to the achieved Output-Outcomes Should the Organization change approach or strategy in the 2nd phase of project?